

PRIMARY CARE 24 (MERSEYSIDE) BOARD MEETING (OPEN)

DATE: 28 November 2019

TIME: 10.00am

VENUE: The Boyd Room (Large Conference Room)

DISTRIBUTION: All Board members & attendees

BOARD MEMBERS: STEVE HAWKINS (Chairman), PAULA GREY, DR MARY RYAN, JAY CARR, KATHRYN FOREMAN, PAUL CUMMINS, HELEDD COOPER, PAUL KAVANAGH-FIELDS, DR. SANDRA OELBAUM

IN ATTENDANCE: SUSAN WESTBURY; MARGARET SWINSON, COMPANY SECRETARY, TRACEY HARRINGTON, DEPUTY COMPANY SECRETARY, CAROL ROGERS (for Paul Kavanagh-Fields)

AGENDA

			Pages
1.	Chairman's Welcome, apologies for absence and opening comments		Verbal
2.	New declarations of interest		Verbal
3.	Liverpool One Presentation - Jan Ledward and Carole Hill		Presentation
4.	Minutes of the meeting held on 26 September 2019		1 – 6
5.	Matters arising, action list progress and Corporate Risk Register		7 – 8
6.	Chairman and Non-Executives' Report		
6.1	Chairman's Report	SH	Verbal
7.	Chief Executive		
7.1	Chief Executive's Report	MR	9 – 10
8.	Performance		
8.1	Integrated Performance Report		11 – 35
9.	Strategy		
9.1	People Strategy	SW	36 – 45
10.	Governance		
10.1	Terms of Reference: Sustainability Committee	MS	46 – 49
10.2	Standing Financial Instructions	HC	50 – 92
10.3	Principles for a Reserves Policy	HC	93 – 94

11. Committee Reports

11.1	Quality & Workforce 20 November 2019	PG	95 – 96
11.2	Finance & Performance 20 November 2019	PC	97 – 98
11.3	Audit Committee 7 November 2019	KF	99 – 100

12. Any other business

Confidential Items

Members of the Board are invited to move to confidential items of business.

Date and Time of Next Meeting

Date: **30th January 2020**
Time: **10am**
Venue: **Primary Care 24 Boyd Room**

Board Meeting:	Open Session		
Venue:	Boyd Room, PC24		
Date:	14 th September 2019		
Time:	10.00am		
Attendees:	Apologies:	Date of Next Meeting:	
Executives (EDs) Dr Mary Ryan (MR) – <i>Chief Executive</i> Jay Carr (JC) – <i>Director of Service Delivery</i> Sandra Oelbaum (SO) – <i>Medical Director</i> Heledd Cooper (HC) – <i>Director of Finance</i> Susan Westbury (SW) – <i>Associate Director of HR</i> Non-Executive Directors (NEDs) Steve Hawkins (SH) – <i>Chairman</i> Paula Grey (PG) Kathryn Foreman (KF) Paul Cummins (PC) In attendance: Margaret Swinson (MS) – <i>Company Secretary</i> Tracey Harrington (TH) – <i>Deputy Company Secretary</i> Carol Rogers (CR) – <i>Associate Director of Nursing</i>	Paul Kavanagh-Fields (PKF) – <i>Director of Nursing</i>		

Item		Action
1.	Welcome, apologies for absence and opening comments SH opened the meeting, thanking everybody for attending. Apologies had been received from Paul Kavanagh-Fields	
2.	New declarations of interest There were no new declarations of interest.	
3.	Patient Story CR explained that, having focussed on lessons learned from adverse incidents recently, the Safety First meeting had started to look at the increasing number of compliments being received in order to identify what was good and to promote that across the organisation. The Board was reminded that in the 3 months to 31 August, 24 compliments had been received, most of which related to Integrated Urgent Care services. Where individual staff were named, the compliment was passed across to the individual concerned. Compliments were about attitude, behaviour and going the extra mile in patient care and included clinical and non-clinical staff. SW explained that recognition would be part of the People Strategy which was under development and she would liaise with CR on ways to identify internal compliments. SH emphasised the value of peer to peer recognition in building up morale among the staff.	

	<p>CR and the Governance Team were thanked for the recent learning event which had been well attended and received.</p> <p>CR was invited to stay for the duration of the Open part of the Meeting.</p>	
4.	<p>Minutes of the meeting held on 25th July 2019</p> <p>The minutes were agreed as an accurate record with the following amendments:</p> <ol style="list-style-type: none"> 1. KF requested that the phrase 'PC24 punched above its weight' be rephrased to 'took the lead amongst partners in identifying lessons to be learned.' 2. SW was in attendance. 	
5.	<p>Matters arising, Action Log progress and Corporate Risk Register</p> <p>No matters arising or actions.</p> <p>With regard to the Corporate Risk Register (CRR), MS reminded the meeting that the current reporting through the CRR and Integrated Performance Report, would continue for the current financial year. The Board Assurance Framework with its strategic risks would be developed during the planning process for the 2020/21 financial year and the establishment of the associated strategic plan.</p>	
6.	<p>Chairman and Non-Executives' Report</p> <p>6.1 Chairman's Report</p> <p>The Chairman reported on the activities of himself and the NEDs since the last meeting. He had.</p> <ul style="list-style-type: none"> • Visited Nutgrove Villa, Huyton centre and spoken to one of the GPs. The discussion had identified factors which might encourage GPs onto the payroll, in particular flexible working, access to continuing professional development and the Social Enterprise ethos of PC24. However there was some disconnection with HQ which needed to be addressed. • Met with the Chair and CEO of Asylum Link following an introduction from PG. • Attended the launch of the Reader Organisation's International Centre for Shared Reading at the Mansion House in Calderstones Park. MR explained that she was due to meet the Chair. • Met with Jo Williams, the Chair at Alder Hey • Discussed visiting the various PC24 centres with the NEDs. <p>SO thanked SH for engaging with the GP workforce in Huyton and explained that they were a well-established team that she would like to see as salaried GPs.</p> <p>The NEDs were advised to liaise with MS about where to visit but were not looking for a formal visit programme. MS and MR would liaise on this.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Noted the Chairman's report. 	
7.	<p>Chief Executive's Report</p>	

	<p>7.1 Chief Executives Report</p> <p>MR had presented a written report. In addition she noted:</p> <ul style="list-style-type: none"> Floorwalk takes place in HQ but is filmed and put onto YouTube for wider dissemination. <p>The Board:</p> <ul style="list-style-type: none"> Noted the Chief Executive's Report. 	
	<p>7.2 Brexit</p> <p>The Board noted that PC24 was well placed in relation to Commissioners' work on Brexit because the responsible officer was Ian Davies from Liverpool CCG. The impact of Brexit on PC24 was difficult to assess at the present time.</p> <p>The Board:</p> <ul style="list-style-type: none"> Took assurance PC24 were doing everything possible to update staff. 	
8.	<p>Performance</p> <p>8.1 Integrated Performance Report</p> <p>The Chair noted the comprehensive nature of the report presented and that the contents had undergone scrutiny in the appropriate Committees therefore comments were welcomed on an exception basis.</p> <p>Asylum Service: The questioned the reason for the increased activity levels. MR explained that it was a result of the large number of small boats landing in the UK. Refugees from those boats had been taken to Yarlswood Detention Centre and dispersed from there. Liverpool had received a significant number of those dispersals.</p> <p>The Board:</p> <ul style="list-style-type: none"> Noted the reports from the Executive Team Thanked them for their updates 	
	<p>8.2 Extended Access Patient Records</p> <p>MS explained that a number of incidents had been reported in relation to Extended Access consultation records being sent electronically to the incorrect surgery. A number of changes in procedure had been implemented to try and reduce the risk of this but without resolving the matter fully. The Board was advised that nothing was leaving the secure net of the NHS and work to identify the causes and mitigate the risk continued.</p> <p>The Board:</p> <ul style="list-style-type: none"> Acknowledged the Executive Team were doing everything possible to mitigate <p>8.3 Annual Accounts</p> <p>HC presented the accounts for approval by the Board following the meeting of the Audit Committee with the Auditors. The Audit Committee had identified a few minor changes to the text and presentation but commended the accounts for approval.</p>	

	<p>HC explained that the Auditors had both prepared the statutory accounts from PC24's information and had then audited them. In future PC24 would be preparing the accounts which would then be subject to external audit scrutiny.</p> <p>Given the level of reserves in the accounts, HC had spoken to the auditors to discuss the options and impact of spending reserves in the absence of any stated policy. A further paper would come to Board in due course regarding reserves and their use.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Approved the accounts • Noted the available reserves and thanked staff for their work. 	
9.	<p>Strategy</p> <p>9.1 Corporate Social Responsibility</p> <p>The Chair noted the comprehensive nature of the paper presented to the Board. MS confirmed that the baseline assessment would be undertaken on a phased basis, with those areas most relevant for the forthcoming tender taking priority.</p> <p>After discussion, the Board:</p> <ul style="list-style-type: none"> • Agreed to the creation of a new Board Committee and requested draft terms of reference for the November meeting • Noted the work already underway through the Environment Group • Appointed Dr Paula Grey Chair of the Committee • Appointed Dr Mary Ryan as Executive Lead for the sustainability agenda 	
	<p>9.2 IT Upgrade</p> <p>JC presented his paper. He noted that the Head of IT had mitigated a number of the identified risks but that others, in particular data storage, could not be mitigated without this investment. The proposed new system would facilitate remote working and resilience as the system and information would be available from the remote sites should access to HQ not be possible. The procurement process would be led by HC and support would be sourced to ensure that both the potential supplier and the specification etc had external scrutiny. This would be a significant financial investment expected to be between £500 - £600k.</p> <p>The Board</p> <ul style="list-style-type: none"> • noted the contents of the report. • Was assured the work was urgent and necessary • Noted that the procurement had external support. 	
10.	<p>Governance</p> <p>10.1 Policies for Approval</p> <p>Travel & Expenses Policy</p>	

	<p>The Travel and Expenses Policy had been through the required scrutiny by the Policy Group and recommended for approval by the Quality & Workforce Committee.</p> <p>Safeguarding Adults Policy</p> <p>The Safeguarding Adult Policy had been through the required scrutiny by the GP Safeguarding Lead and had been recommended for approval by the Quality & Workforce Committee.</p> <ul style="list-style-type: none"> • thanked Dr. Sarah Wilkes for her scrutiny and input to the policy. <p>Clinical Supervision of Nurses Policy</p> <p>The Clinical Supervision of Nurses Policy had been reviewed with minimal change to policy content. Board were invited to endorse the updates.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Approved the Travel & Expenses Policy and the Safeguarding Adults Policy • Endorsed the updates to the Clinical Supervision of Nurses Policy • Thanked Dr Sarah Wilkes for her scrutiny and input in relation to the Safeguarding Policy • took assurance that the Policy Group was monitoring progress in relation to the existing policies. 	
11.	<p>Committee Reports</p> <p>11.1 Quality & Workforce</p> <p>PG presented the report. Most of the items in the report already been discussed. She drew attention to:</p> <ul style="list-style-type: none"> • The development of a more structured approach to clinical audit • The work which was ongoing to prepare an Organisational Development Plan and a People Strategy. The strategy was in the consultation phase and should be ready for the November Board meeting. : <p>The Board:</p> <ul style="list-style-type: none"> • Took assurance that the Committee was giving due scrutiny to the information presented to it; • Noted the main issues from the meeting. <p>11.2 Finance and Performance Committee Report</p> <p>The report of the meeting had been circulated. In addition PC noted that there had been discussion at both Committee meetings about using data to help review the effect of service pressure on incidents and complaints.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Was assured that the Committee was giving due scrutiny to the information presented to it • Noted the main issues from the meeting. 	

	<p>11.3 Audit Committee</p> <p>KF presented the report of the Audit Committee's meeting with the External Auditors for scrutiny of the accounts.</p> <p>The Board:</p> <ul style="list-style-type: none"> • Was assured that the Committee was giving due scrutiny to the information presented to it • Noted the main issues from the meeting 	
12.	<p>Any Other Business</p> <p>There being no other business, the meeting concluded.</p>	

Date of next meeting: 28th November 2019

Time: 10am

Venue: The Boyd Room at PC24

Open Section Action Points and Report back dates from UC24 Board Meeting 1 October 2019

Action No.	Board Meeting reference	Action Required:	Due From:	Required by:	Comments
1.	26.9.19 Item 6.1	NED visits system to be established	MS/MR	ASAP	NEDs requested a system which enabled some purpose for their visit but was not too prescriptive. Suggest that NEDs give dates and time they wish to visit (any time can be catered for) and then MS/TH will advise where to go and ensure they are expected. Central record will be maintained to ensure visits are geographically spread
2.	26.9.19 Item 8.3	Reserves: Development of a Reserves policy to be undertaken	HC	November	On the agenda
3.	26.9.19 Item 9.1	Sustainability group: Meeting to take place to develop Terms of Reference ready to bring to November Board	MS	November	On agenda

Risk Type	Risk Number	Leads(s)	Risk description	Likelihood (initial)	Consequence (initial)	Rating (initial)	Key controls in place	Likelihood (current)	Consequence (current)	Rating (current)	KLOE's	Gaps in control	Level of assurance	Opened	Last reviewed	Closed
OOH	CR17	Dir SD	Fulfilment of GP rotas for all services not achievable	Possible	Major	12	Robust rota management by IUC & PCS teams to ensure rotas filled Ongoing recruitment of GPs Focus on multidisciplinary working in all areas, where possible State backed indemnity now in place Review of all agency contracts to ensure they are robust underway New focus on home working to bolster rosters in times of high activity	Unlikely	Major	8		Lack of GPs nationally continue to impact Continued agency usage risks last minute cancellations	High	27/04/2017	18/07/2019	
Finance	CR23	DoF	Potential impact of IR35 inclusion of Associate workforce could lead to significant financial pressure on UC24	Possible	Major	12	Staying close to local decision making for England / OOH providers	Possible	Major	12		HMRC have yet to make a decision on England though some nearby providers have been incorporated into IR35	Low	22/11/2018	18/07/2019	
Corporate	CR31	CEO	Re-configuration of Urgent Care services across C&M could lead to loss of business and / or independence for PC24	Possible	Major	12	Present at Provider Alliance, which is likely to be delivery method of choice Continued relationship building with MerseyCare Visible in Urgent Care space Members of LPA working group on Urgent Care delivery	Possible	Major	12		No specification yet issued for new configuration Public consultation will be required	Medium	22/11/2018	18/07/2019	
Corporate	CR33	CEO	Creation of Primary Care Networks and moves towards preferential contract allocation to them may impact on current PC24 business, our potential to bid for work and financial stability	Possible	Major	12	Medical Director has become Clinical Director of a PCN, allowing intelligence and decisions to be communicated early. Ongoing monitoring of NHSE / I communication relating to Networks.	Unlikely	Moderate	6		Creation of networks embryonic, personnel unclear and structures not yet defined. Clinical Directors not yet appointed in several networks, making communications difficult Establishment of networks has proved slow and patchy and impact on PC24 business as yet unknown	Medium	08/03/2019	18/07/2019	
Wider UK Environment	CR30	Board	Introduction of ICS working makes PC24 independence more difficult and risks financial sustainability	Possible	Moderate	9	PC24 members of Liverpool Provider Alliance PC24 members of Integrated Care Partnership Boards	Possible	Moderate	9		Lack of clarity of wider NHS plan Level of maturity of system is low Experience and expectations re. governance are diverse and not coherent	Low	12/03/2018	18/07/2019	
Wider UK Environment	CR36	Board	Potential UK exit from the EU could threaten medicines and vaccine supply. Demand for services could increase if anxiety rises nationally. EU staff may leave the UK.	Possible	Major	12	PC24 sighted on potential issues SRO for EU Exit appointed Risk register completed Close attention to DHSC and central communications	Possible	Major	12		Lack of clarity around government plan National lack of preparation Agency doctors from EU yet to be quantified	Low	01/08/2019	18/07/2019	

Title: Chief Executive's report	Meeting Date: 28 th November 2019	Agenda item no: 7.1
Prepared and presented by: Dr Mary Ryan	Discussed by: Executive Team	
Link to UC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> <input type="checkbox"/> Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • note the Chief Executive's Report. 	

1.0 Purpose

- 1.1 The purpose of this paper is to update the Board on the focus of the Chief Executive's work since the last meeting.

2.0 Matters for report

- 2.1 Winter has arrived since my last report. PC24 issued 70 vouchers for flu vaccination, with approximately 50% of those translating into actual vaccination. Overall, this is low for frontline healthcare workers and we plan to put a more robust process in place next year to promote uptake and assess true uptake.
- 2.2 The specification document for North & Mid Mersey GP OOH provision is due to be issued on Monday, Nov 25th. This is a vital contract for PC24 and to this end, we have hired bid writers, following competitive interview and also appointed Scott Lingard as Bid Director for this piece of work. Closing date for the bid currently is January 3rd 2020.

Kathryn Foreman will also attend the bid meetings, to ensure the NED voice is heard.

- 2.3 In October, I took up the offer to Chair the Urgent Care work stream of the Liverpool Provider Alliance. Progress has now been made on the North Mersey Urgent Care review

with the coordination of clinical engagement around the provision of Urgent Treatment Centres.

The CCG will be out to public consultation on the issue of UTCs and re-organisation of WICs after Christmas. Until then, no further decisions will be made.

- 2.4** I have also joined and attended the Urgent & Emergency Care Programme Board of the Cheshire & Mersey STP, at the invitation of Andy Davies, Chair and AO for Warrington. This is a useful meeting to link work at local and more regional level.
- 2.5** I also took time in October to meet with Hilary Berg, Director of Sustainability at Iceland Foods. This was most helpful in helping to consolidate thoughts around our sustainability plan, which is on this meeting's agenda.
- 2.6** Annual reviews have taken place this month with the Executive team and these have been recorded, with a focus on PDP development for each person.
- 2.7** In mid-October, I attended – along with the Director of Nursing – the annual UHUK conference. I was invited on this occasion to give the opening welcome, and Paul Kavanagh-Fields also presented work on our 'Safety First' meetings. Both were well received.
- 2.8** The Executive Team has a further away day, facilitated by Edmund Cross. This time, we focused on personal impact and 'stepping into the leadership space'. The feedback was excellent as usual, from this event and the team will continue to work with Edmund next year.
- 2.9** At the beginning of November, I attended the NHS CEO Development Network 2 day meeting in Leeds. This group is open to all NHS CEOs and occurs quarterly in Leeds and London. I found it to be very useful – not just for the excellent content but also for developing supportive networks.

3.0 Recommendations

The meeting is invited to:

- note the Chief Executive's report.

Title: Integrated Performance Report	Meeting Date: 28 th November 2019	Agenda item no:
Prepared and presented by: Presented by Dr Mary Ryan (CEO) Prepared by Executive Directors	Discussed by: Executive Directors	
Link to PC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> ✓ Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • Note performance for September and October 2019 • To receive assurance that the necessary actions are being taken. 	

1.0 Purpose:

- 1.1 The purpose of this report is to update the Board with the performance across the organisation for the months of September and October 2019.

2.0 Report highlights:

- 2.1 Note the performance of the Integrated Urgent Care Service Delivery Unit
- 2.2 Note the performance in Primary and Community services.

3.0 Recommendations:

The meeting is invited to:

- Note performance for September and October 2019
- Receive assurance that the necessary actions are being taken.

Service Delivery	App. ref	Target	YTD (from Apr)	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Trend	Nov-19 Forecast
Integrated Urgent Care																	
OOH NQR 8 Calls answered in 60secs	1	95%	96.7%	92.3%	88.3%	91.7%	92.1%	94.4%	94.5%	94.7%	96.4%	98.1%	97.8%	97.2%	98.1%		97.9%
OOH NQR 9 - Urgent DCA 20mins	1	95%	95.6%	94.2%	92.7%	91.5%	93.0%	94.2%	94.8%	95.3%	93.9%	96.2%	97.1%	96.9%	94.9%		96.7%
OOH NQR 9 - Less Urgent DCA 60mins	1	95%	88.8%	83.7%	68.9%	75.5%	81.4%	89.1%	87.5%	84.7%	84.4%	92.4%	88.7%	94.8%	88.8%		88.4%
OOH NQR 12 - Home Visits - Total	1	95%	91.5%	90.0%	76.6%	81.2%	89.6%	93.9%	93.6%	89.6%	87.8%	92.6%	88.6%	95.4%	92.7%		92.4%
OOH NQR 12 - UCCs - Total	1	95%	99.2%	99.3%	98.1%	99.3%	99.6%	99.1%	99.1%	98.7%	99.3%	99.3%	99.5%	99.3%	99.3%		99.2%
OOH activity	1	n/a	45,476	5,681	7,854	6,633	6,018	6,547	6,800	6,975	6,351	5,929	6,729	6,262	6,430		6,533
Alder Hey Primary Care Streaming - appointment utilisation	2	50%	43.4%	71.0%	54.4%	64.5%	64.1%	63.9%	47.9%	47.9%	40.2%	41.6%	33.0%	41.2%	52.4%		42.2%
Alder Hey Primary Care Streaming - average consultation length	2	15mins	16:47	14:01	15:34	14:42	16:26	16:25	19:07	17:17	16:33	14:58	18:14	16:17	15:04		16:31
Alder Hey Primary Care Streaming - shift fulfilment rate	2	100%	71.4%	77.7%	66.4%	70.9%	70.3%	57.3%	74.9%	62.3%	70.1%	68.4%	85.8%	82.0%	56.4%		74.8%
Aintree Primary Care Streaming - appointment utilisation	3	50%	38.0%	34.9%	35.1%	37.7%	39.3%	40.1%	34.2%	41.8%	41.2%	40.3%	38.8%	35.3%	34.6%		36.2%
Aintree Primary Care Streaming - average consultation length	3	15mins	17:40	16:45	16:27	16:02	16:58	17:49	17:50	16:56	15:41	18:14	18:06	17:32	19:24		18:20
Aintree Primary Care Streaming - shift fulfilment rate	3	100%	86.2%	91.6%	89.1%	93.9%	88.3%	96.8%	87.6%	88.6%	80.2%	81.0%	83.7%	90.7%	91.9%		88.8%
RLUH Primary Care Streaming - appointment utilisation	4	50%	57.3%	56.9%	56.3%	57.5%	55.0%	62.4%	55.1%	56.9%	58.1%	62.9%	53.6%	54.1%	60.3%		56.0%
RLUH Primary Care Streaming - average consultation length	4	15mins	18:58	17:38	18:17	18:42	18:24	19:27	19:34	19:14	19:55	19:24	18:41	17:29	18:30		18:13
RLUH Primary Care Streaming - shift fulfilment rate	4	100%	83.4%	91.0%	81.1%	84.5%	91.4%	86.0%	83.5%	88.9%	74.7%	84.0%	71.8%	86.8%	94.0%		84.2%
Knowsley In Hours Services - Home visits in 1, 2 and 6 hours	5	95%	99.6%	99.4%	99.1%	100.0%	99.1%	98.3%	100.0%	99.1%	100.0%	99.2%	100.0%	100.0%	99.2%		100%
Knowsley In Hours Services - patients seen within 30 minutes of scheduled appt	5	95%	99.1%	99.2%	98.1%	98.6%	98.8%	99.4%	98.9%	98.8%	98.9%	99.0%	98.7%	99.9%	99.2%		99%
Intermediate Care Service - consistent medical provision	6	90%	99.9%	98.5%	97.2%	91.0%	100.0%	99.5%	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100%
Liverpool Extended Access - utilisation rate of available appointments	7		70.3%	58.0%	72.6%	77.5%	75.7%	64.3%	70.2%	69.1%	64.9%	69.4%	70.7%	70.0%	77.7%		77%
Liverpool Extended Access - DNA rate of booked appointments	7		7.9%	8.4%	7.4%	8.9%	9.1%	8.2%	7.7%	7.5%	8.4%	7.6%	7.8%	8.1%	8.2%		8%
Liverpool Extended Access - Clinical rota shift fulfilment	7		93%	86%	82%	76%	92%	80%	94%	78%	102.9%	98.9%	92.5%	95.4%	91.6%		93%
St Helens Extended Access - utilisation rate of available appointments	7		80.1%	43.6%	68.3%	78.3%	75.8%	72.8%	65.1%	74.1%	76.1%	82.4%	85.3%	85.0%	92.9%		84%
St Helens Extended Access - DNA rate of booked appointments	7		15.4%	9.1%	13.2%	13.0%	15.0%	14.1%	14.4%	14.6%	14.3%	13.9%	17.1%	15.1%	18.4%		22%
St Helens Extended Access - Clinical rota shift fulfilment	7		59%	75%	50%	78%	70%	78%	71%	61%	63.9%	51.2%	41.3%	65.4%	57.2%		55%
Primary and Community Services																	
Asylum service - number of arrivals in month (EMIS reporting from Apr 2018)	8	n/a	3,362	531	444	494	452	482	358	379	380	418	673	568	586		609
Finance																	
Income variance against plan (£000's)	9	0	-88	Not reported	Not reported	Not reported	Not reported	Not reported	21	-22	-16	107	-123	8	-63		10
Cost variance against plan (£000's)	9	0	311	Not reported	Not reported	Not reported	Not reported	Not reported	3	39	146	-7	148	-56	38		10
Net variance against plan (£000's)	9	0	223	-7	39	31	52	-600	23	17	130	100	26	-49	-25		20
Net income/(deficit) (£000's)	9	170	880	109	155	147	169	-403	41	80	176	259	128	56	141		126
Total cash (£000's)	10	1,500	2,795	955	1,245	766	948	1,433	1,544	1,810	2,804	2,492	2,575	2,783	2,795		2,400
Efficiency programme vs target	11	95%	61%	100%	100%	100%	100%	100%	0%	0%	3%	75%	131%	37%	49%		N/A
Quality and Patient Safety																	
Friends and Family - likely / extremely likely to recommend (includes paper surveys at Knowsley in-hours services; some Sefton practices from March 2019; Liverpool & St Helens Extended Access from Sept 2019)	12	85%	85.8%	88.3%	86.5%	89.4%	85.8%	85.5%	87.9%	88.2%	87.0%	82.8%	82.9%	85.1%	86.5%		84%
Compliments received in month	12	n/a	56	8	1	1	3	3	3	10	4	11	9	12	7		9
Complaints received in month	13	n/a	61	2	5	10	6	8	8	6	8	6	9	14	10		11
Complaints closed in month, not resolved within 25 working days	12		24	9	5	17	7	7	5	6	2	4	0	1	6		2
Incidents recorded in month	12	n/a	509	87	81	90	65	74	95	74	50	69	78	59	84		74
Safeguarding incidents recorded	12	n/a	45	4	4	6	9	6	15	2	8	5	4	3	8		5
Workforce																	
Sickness rate	14	5% annually	Data not available	Reliable data not yet available from RotaMaster													Reliable data not yet available
Staff turnover rate	14	20% annually	15.7%	17.2%	15.5%	14.8%	15.4%	16.4%	16.0%	16.6%	15.8%	13.8%	14.6%	15.5%	17.3%		16%
Mandatory training compliance (employed staff only) (new reporting method in use from April 2019)	14	95%	92.8%	88.2%	Not supplied	Not supplied	Not supplied	Not supplied	84.2%	91.6%	94.2%	93.8%	95.6%	95.3%	94.9%		95%
Appraisal compliance	14	95%	17.3%	35.5%	34.5%	32.0%	47.5%	50.0%	0.0%	1.1%	8.7%	20.2%	28.4%	31.1%	31.6%		33%

Exception reference	Description	Commentary	Owner	Timescale to resolve (if applicable)
IUC001	Full and partial compliance against NQR 9 - Urgent DCA	DCA remains the main area of pressure during the out of hours period, particularly on Saturdays. Patient activity during the first 2 weeks of the month tracked higher than predicted which significantly impacted performance, however during the remainder of October 2019 activity levels were as expected.	Head of Service	December 2019
IUC002	Partial and non-compliance against NQR 9 - Less urgent DCA	As for IUC001	Head of Service	December 2019
IUC003	Full and partial compliance against NQR 12 - Home visits	As above performance in October 2019 impacted by higher than predicted patient activity during the first 2 weeks of the month.	Head of Service	November 2019
IUC004	Non and full compliance against Alder Hey Primary Care Streaming appointment utilisation	Appointment utilisation increased throughout October. A meeting took place between PC24 and AHCH to explore opportunities to increase utilisation. Agreement to amend SOP exclusion criteria and monitor impacts on service utilisation.	Head of Service	November 2019
IUC005	Partial compliance against Alder Hey Primary Care Streaming average consultation length	Consultation times continue to decrease and are now at an average of 15 minutes.	Head of Service	November 2019
IUC006	Non-compliance against Alder Hey Primary Care Streaming shift fulfilment rate	Shift fulfilment impacted throughout October 2019 due to annual leave, however is back on track throughout November	Head of Service	November 2019
IUC007	Non-compliance against Aintree Primary Care Streaming appointment utilisation	Service utilisation remains low at approx. 35%. Aintree PCS service (daytime weekdays) will cease effective 29th November 2019, there will be no change to the out of hours element to the service.	Head of Service	November 2019
IUC008	Partial and non-compliance against Aintree Primary Care Streaming average consultation length	Ongoing discussions are taking place at Clinical Lead level in relation to the appropriate consultation length for PCS, recommendation is 20 minutes.	Head of Service	November 2019
IUC009	Partial compliance against Aintree Primary Care Streaming shift fulfilment rate	Shift fulfilment rate remains consistent at over 90%.	Head of Service	November 2019
IUC010	Partial and non-compliance against The Royal Primary Care Streaming average consultation length	Ongoing discussions are taking place at Clinical Lead level in relation to the appropriate consultation length for PCS, recommendation is 20 minutes.	Head of Service	November 2019
IUC011	Non- and partial compliance against The Royal Primary Care Streaming shift fulfilment rate	Shift fulfilment rate remains consistent at over 90%.	Head of Service	November 2019
FIN001	Negative Variance against plan for year to date budget position.	Main factor is in the Sefton Practices where LQC income was £56k behind plan. The budget for LQC income is based on timing of cash receipts the prior year, so if submissions are being made, but are perhaps late, income may recover in future months.	Head of Finance	Ongoing
FIN002	Under achievement of efficiency plans	The IUC Agency savings plan has slipped due to the need to clarify the organisations obligations under IR35, which will impact on the relationship with our Clinicians. The plan is split into 3 elements, which IR35 being the first stage, workforce modelling the second and finally our contractual relationship with Associates and Agencies. This work will then be reflected in the implementation of the staffing model within the OOH bid.	Head of Finance	Ongoing
WOR001	Full and partial-compliance against mandatory training compliance target	The new process for recording, monitoring and prompting of staff training modules has resulted in improvement of compliance over recent months, with October being 0.1% below full compliance.	Associate Director of HR	November 2019
WOR002	Non-compliance against PC24 appraisal target	Poor compliance rates have been escalated to Deputy Directors of Services. Action plans awaited to bring back on target. A review of Appraisal process is to be undertaken in due course.	Associate Director of HR	November 2019

IPR Narrative report - 2019/20 as at Month 7 (October)

Service Delivery	Integrated Urgent Care	<ul style="list-style-type: none"> • OOH: Challenging performance throughout October as we head into the Winter period. NHS 111 Winter campaign commenced mid-October, at present no significant impact on patient activity.. NHS 111 NUMSAS pathway has been replaced by CPCS (Community Pharmacy Consultation Service) effective 29th October 2019. This service will continue to receive repeat prescription requests from NHS111 along with a wide range of minor illnesses that can be assessed and treated at a local pharmacy as an alternative to the call being routed to GP OOHs, it is expected that this will reduce demand on OOHs during the winter period.
		<ul style="list-style-type: none"> • Extended Access: Liverpool – Shift fulfilment remains high at over 90%. Utilisation rates have increased throughout October against a target of 85%. A number of work streams are underway to support an increase in utilisation including direct booking for ANPs and introduction of Practice Nurses. DNA rates remain stable although remains high, MJOG is currently being installed and tested to support a reduction in DNA rates. St Helens – Shift fulfilment remains a challenge, however it is expected that the introduction of practice nurses will support an increase in shift fulfilment. Utilisation rates have increased throughout October and are ahead of target. A number of work streams are underway to support an increase in utilisation including direct booking for ANPs and introduction of Practice Nurses. DNA rates continue to increase, no clear root cause, the CCG are currently exploring the option of implementing MJOG to support a reduction in DNA rates. Knowsley – Continued strong performance across the service.
	Primary and Community Services	<ul style="list-style-type: none"> • Asylum practice: Activity levels have increased and we believe this will continue to be the case with what is happening in Syria and Turkey. We are assessing the impact on services and whether the service needs more resource to cope. • Sefton GP practices: Overall appointment utilisation performance has improved in October to highest results for the year.
Finance		<ul style="list-style-type: none"> • The year to date position at the end of month 7 is a surplus of £882k, against a planned surplus of £658k, which is £224k ahead of plan. The in-month position is reporting a surplus of £141k, which is £25k behind plan. • Overall Sefton Practices are reporting a YTD deficit of £427k (excluding any allocation of overheads) against a planned deficit of £344k, which is £84k behind plan. The in-month position is reporting a deficit of £49k, which is £51k behind plan. Total income is £26k behind plan YTD and £58k behind plan for the current month. Income from the Local Quality Contract and Enhanced Services is behind plan by £38k YTD and £59k behind plan for the current month. In relation to pay costs there is a £43k overspend year to date, in-month there is a £8k underspend. The in-month position benefited from a £21k YTD credit in relation to salaried GP pension deductions. In relation to non pay costs there is a £15k overspend year to date, in-month there is a £2k overspend. • OOHs (excluding St Helens) is reporting a YTD surplus of £256k (including overheads), which is £63k behind plan. The in-month position reported a surplus of £69k, which was £3k behind plan. Total income is £9k ahead of plan YTD and £11k behind plan for the current month. Income from Primary Care Streaming activity is ahead of plan by £49k YTD and ahead of plan by £16k this month. Clinical pay is over budget by £110k YTD, in-month it was £17k over budget. Allowing for increased income from Primary Care Streaming, the net clinical pay is estimated to be over budget by £70k YTD and over budget by £4k in-month. The service continues to be reliant on agency and self-employed clinicians. • Liverpool EAS is reporting a YTD surplus of £612k (including overheads), which is £28k behind plan. The in-month position reported a surplus of £94k, which was £5k ahead of the plan. Clinical pay is £60k over budget YTD and £3k under budget for the current month. • Cash balances at month 7 were £2,795k. • The majority of the plan relates to a reduction in Agency GP usage and a reduction in Sefton administration hours over the remainder of the financial year.
Quality		<ul style="list-style-type: none"> • At the end of October 2019 there were 29 open complaints in Datix • There were 12 compliments received in September 2019 and 7 compliments received in October 2019
Workforce		<ul style="list-style-type: none"> • The review of Terms and Conditions is to be scoped out in Quarter 2 2019/20 and a Project Plan put in place for full review. • A People Strategy will be developed during 2019/2020 with an engagement process with staff.

Appendices

App 1 OOH reporting template

National and Local Quality Requirements reporting template							
Reporting time period: 01/07/19 18:30 to 27/07/19 07:59 and 28/07/19 08:00 to 01/08/19 07:59 Halton, Knowsley, Liverpool & St Helens CCGs							
Ref	NQR / LQR	Target description	Total volume	Compliant	Patient choice	Non-compliant	% compliance
1	NQR 2	Case details sent by 8am	6430	6409	0	21	99.7%
2	NQR 8	<0.1% calls engaged	2069	2069		0	0.0%
3	NQR 8	<5% calls abandoned after 30 seconds	2069	2047		22	1.1%
4	NQR 8	Calls answered <60 seconds	2005	1967		38	98.1%
5	NQR 9	Cases passed to 999 <3 minutes (Target =100%)	0	0	0	0	
6	NQR 9	Urgent cases DCA <20 minutes	1107	996	55	56	94.9%
7	NQR 9	All other cases DCA <60 minutes	3579	2930	247	402	88.8%
8	LQR 1	NHS 111 6 hour priority <6 hours	1139	1000	42	97	91.5%
9	LQR 2	Repeat prescription requests <6 hours	16	14	1	1	93.8%
a		Total cases received requiring assessment (5)+(6)+(7)+(8)+(9)	5841				
b		Total cases requiring action (6)+(7)+(8)+(9)	5841				
Following priority determined by Definitive Clinical Assessment (DCA)							
10	NQR 12	UCC Emergency <1 hour	0	0	0	0	
11	NQR 12	UCC Urgent <2 hours	448	427	9	12	97.3%
12	NQR 12	UCC Less urgent <6 hours	1580	1576	2	2	99.9%
c	Total	Urgent Care Centre cases	2028	2003	11	14	99.3%
13	LQR 3	Telephone Advice Emergency <1 hour	33	29	3	1	97.0%
14	LQR 3	Telephone Advice Urgent <2 hours	470	431	15	24	94.9%
15	LQR 3	Telephone Advice Less Urgent <6 hours	3061	2854	111	96	96.9%
d	Total	Telephone Advice cases	3564	3314	129	121	96.6%
16	NQR 12	Home visit Emergency <1 hour	4	4	0	0	100.0%
17	NQR 12	Home visit Urgent <2 hours	289	275	1	13	95.5%
18	NQR 12	Home visit Less urgent <6 hours	529	482	0	47	91.1%
e	Total	Home Visit cases	822	761	1	60	92.7%
f		Total telephone and face-to-face consultations (c)+(d)+(e)	6414	6078	141	195	
Information section							
No Definitive Clinical Assessment (DCA)			Urgent Care Centres				
19	Cases not requiring DCA; triaged by other clinician	317	Emergency	1 hour total	Pat. choice	Compliant	% result
20	Patient episode continued, service provided	271	Aintree	0	0	0	
21	Patient episode ended, no service provided	1	Garston	0	0	0	
Repeat prescription cases outcomes			Huyton	0	0	0	
22	Repeat prescription requests (6 hour advice)	15	Kirkby	0	0	0	
23	Repeat prescription requests forwarded to UCC	1	Lowe House	0	0	0	
24	Repeat prescription requests forwarded for visit	0	Old Swan	0	0	0	
Final case-type totals			Runcorn	0	0	0	
25	Total Ambulance cases	0	The Royal	0	0	0	
26	Total Telephone Advice cases	3564	Widnes	0	0	0	
27	Total UCC attendances	2028	Total	0	0	0	
28	Total Home Visits	822	Urgent	2 hour total	Pat. choice	Compliant	% result
29	Total Repeat prescription requests	15	Aintree	11	0	11	100.0%
g	Total cases completed (=a+19+20+21)	6430	Garston	55	0	52	94.5%
Referrals to secondary care			Huyton	39	1	37	97.4%
30	Hospital referred (referred for admission / advised A&E)	645	Kirkby	1	0	1	100.0%
Compliance levels			Lowe House	38	1	37	100.0%
31	Fully compliant (95-100%) - except ref 2 & 5		Old Swan	161	6	149	96.3%
32	Partially compliant (90-94.9%) - except ref 2 & 5		Runcorn	108	1	105	98.1%
33	Non-compliant (89.9% and under) - except ref 2 & 5		The Royal	13	0	13	100.0%
Comments:			Widnes	22	0	22	100.0%
			Total	448	9	427	97.3%
			Less urgent	6 hour total	Pat. choice	Compliant	% result
			Aintree	129	0	127	98.4%
			Garston	190	0	190	100.0%
			Huyton	106	0	106	100.0%
			Kirkby	40	0	40	100.0%
			Lowe House	240	0	240	100.0%
			Old Swan	533	2	531	100.0%
			Runcorn	217	0	217	100.0%
			The Royal	67	0	67	100.0%
			Widnes	58	0	58	100.0%
			Total	1580	2	1576	99.9%
			Grand total	2028	11	2003	
Template property of Liverpool CCG							

Source: Adastra/Business Intelligence Team

Author: Performance Improvement Analyst (DF)

App 2 Alder Hey

Includes any additional weekday daytime cover provided

Month	Potential slots available	Un-covered slots	Actual appts available	Appts booked	Slots not used	% of appts used	Avg appts per hour	Ref for admission/A &E	% ref for admission/A&E	Slots deducted for shift fulfilment	Shift fulfilment (includes un-filled shifts)
Nov-18	930	207	723	513	210	71.0%	2.84	25	4.9%	0	77.7%
Dec-18	966	325	641	349	292	54.4%	2.28	23	6.6%	0	66.4%
Jan-19	961	280	681	439	242	64.5%	2.70	14	3.2%	0	70.9%
Feb-19	868	258	610	391	219	64.1%	2.70	22	5.6%	0	70.3%
Mar-19	1089	465	624	399	225	63.9%	2.63	26	6.5%	0	57.3%
Apr-19	930	233	697	334	363	47.9%	2.02	27	8.1%	0	74.9%
May-19	961	362	599	287	312	47.9%	2.02	29	10.1%	0	62.3%
Jun-19	930	278	652	262	390	40.2%	1.71	21	8.0%	0	70.1%
Jul-19	961	304	657	273	384	41.6%	1.76	28	10.3%	0	68.4%
Aug-19	961	136	825	272	553	33.0%	1.39	20	7.4%	0	85.8%
Sep-19	930	167	763	314	449	41.2%	1.75	22	7.0%	0	82.0%
Oct-19	961	419	542	284	258	52.4%	2.18	7	2.5%	0	56.4%

Month	Average consultation length (minutes) per month
Nov-18	14:01
Dec-18	15:34
Jan-19	14:42
Feb-19	16:26
Mar-19	16:25
Apr-19	19:07
May-19	17:17
Jun-19	16:33
Jul-19	14:58
Aug-19	18:14
Sep-19	16:17
Oct-19	15:04

Source: Adastra/Business Intelligence Team

Author: Performance Improvement Analyst (CS)

App 3 Aintree

Includes any additional weekday daytime cover provided

Month	Potential slots available	Un-covered slots	Actual appts available	Appts booked	Slots not used	% of appts used	Avg appts per hour	Ref for admission/A &E	% ref for admission/A &E	Slots deducted for shift fulfilment	Shift fulfilment (includes un-filled shifts)
Nov-18	1116	94	1022	339	683	33.2%	1.10	75	22.1%	0	91.6%
Dec-18	1086	118	968	340	628	35.1%	1.09	55	16.2%	0	89.1%
Jan-19	1140	70	1070	403	667	37.7%	1.24	80	19.9%	0	93.9%
Feb-19	1032	121	911	358	553	39.3%	1.29	47	13.1%	0	88.3%
Mar-19	1122	36	1086	436	650	40.1%	1.30	59	13.5%	0	96.8%
Apr-19	1080	134	946	324	622	34.2%	1.14	42	13.0%	0	87.6%
May-19	1122	128	994	415	579	41.8%	1.36	40	9.6%	0	88.6%
Jun-19	1080	214	866	357	509	41.2%	1.35	42	11.8%	0	80.2%
Jul-19	1158	220	938	378	560	40.3%	1.42	51	13.5%	0	81.0%
Aug-19	1122	183	939	364	575	38.8%	1.30	48	13.2%	0	83.7%
Sep-19	1098	102	996	352	644	35.3%	1.22	50	14.2%	0	90.7%
Oct-19	1158	94	1064	368	696	34.6%	1.21	48	13.0%	0	91.9%

Month	Average consultation length (minutes) per month
Nov-18	16:45
Dec-18	16:27
Jan-19	16:02
Feb-19	16:58
Mar-19	17:49
Apr-19	17:50
May-19	16:56
Jun-19	15:41
Jul-19	18:14
Aug-19	18:06
Sep-19	17:32
Oct-19	19:24

Source: Adastra/Business Intelligence Team

Author: Performance Improvement Analyst (CS)

App 4 RLUH Includes any additional weekday daytime cover provided

Month	Potential slots available	Un-covered slots	Actual appts available	Appts booked	Slots not used	% of appts used	Avg appts per hour	Ref for admission/A &E	% ref for admission/A &E	Slots deducted for shift fulfilment	Shift fulfilment (includes un-filled shifts)
Nov-18	824	74	750	398	352	53.1%	1.75	37	9.3%	0	91.0%
Dec-18	852	161	691	389	302	56.3%	1.80	47	12.1%	0	81.1%
Jan-19	904	140	764	439	325	57.5%	1.85	43	9.8%	0	84.5%
Feb-19	776	67	709	390	319	55.0%	1.85	28	7.2%	0	91.4%
Mar-19	836	117	719	449	270	62.4%	2.04	34	7.6%	0	86.0%
Apr-19	848	140	708	390	318	55.1%	1.80	30	7.7%	0	83.5%
May-19	812	90	722	411	311	56.9%	1.84	35	8.5%	0	88.9%
Jun-19	783	198	585	340	245	58.1%	1.76	26	7.6%	0	74.7%
Jul-19	952	152	800	503	297	62.9%	2.02	37	7.4%	0	84.0%
Aug-19	1008	284	724	388	336	53.6%	1.78	25	6.4%	0	71.8%
Sep-19	996	131	865	468	397	54.1%	1.84	30	6.4%	0	86.8%
Oct-19	1024	61	963	581	382	60.3%	2.14	57	9.8%	0	94.0%

Month	Average consultation length (minutes) per month
Nov-18	17:38
Dec-18	18:17
Jan-19	18:42
Feb-19	18:24
Mar-19	19:27
Apr-19	19:34
May-19	19:14
Jun-19	19:55
Jul-19	19:24
Aug-19	18:41
Sep-19	17:29
Oct-19	18:30

Source: Adastra/Business Intelligence Team
 Author: Performance Improvement Analyst (CS)

Key Performance Indicators (monthly) – October 2019							
Telephone Triage and Home visiting Service, and Bookable GP appointments							
	Indicator Number	Description	Target	Total volume	Met KPI	Patient choice	% result
Quality	1	Patient experience of the service to be collected weekly and reported monthly	85% satisfied	2	2		100.0% (compliance calculated using responses of Extremely Likely and Likely)
	2	Clinical audit of 3% of clinical consultations	As per OOH contract				
	3	Number of complaints received		0			
	4	Number of compliments received		0			
	5	Number of incidents reported		3			
Triage	6	Number of post event messages sent from Adastra within 24 hours	100%	205	198	0	96.6%
	7a	Number of cases triaged via Pathfinder referral in 20 minutes (Halton & Knowsley)	95%	56	54	0	96.4%
	7b	Number of cases triaged via CAS referrals in 20 minutes (Halton & Knowsley)	95%	33	31	1	97.0%
	7c	Number of cases triaged via CAS referral in 60 minutes (Halton & Knowsley)	95%	8	8	0	100.0%
	7d	Number of cases triaged via surgery referral in 60 minutes	95%	0	0	0	
Home visits	8a	Number of patients visited within 1 hour of triage end (Pathfinder & CAS referrals) (Halton & Knowsley)	95%	0	0	0	
	8b	Number of patients visited within 2 hours of triage end (Pathfinder & CAS referrals) (Halton & Knowsley)	95%	2	1	0	50.0%
	8c	Number of patients visited within 6 hours of triage end (Pathfinder & CAS referrals) (Halton & Knowsley)	95%	15	15	0	100.0%
	8d	Number of patients visited within 6 hours of request by surgery (Knowsley surgeries)	95%	107	107	0	100.0%
Appointments	9a	Number of patients seen on day of scheduled appointment (Knowsley surgeries) on weekdays	95%	1330	1156	174	100.0%
	9b	Number of patients seen on day of scheduled appointment (Knowsley surgeries) on weekends	95%	206	144	62	100.0%
	9c	Number of patients seen on day of scheduled appointment (Walk-in Centres (all CCGs), Pathfinder & CAS – Halton & Knowsley)	95%	24	24	0	100.0%
	10a	Number of patients seen within 30 minutes of scheduled appointment time (Knowsley surgeries) on weekdays	95%	1156	1135	12	99.2%
	10b	Number of patients seen within 30 minutes of scheduled appointment time (Knowsley surgeries) on weekends	95%	144	142	1	99.3%
	10c	Number of patients seen within 30 minutes of scheduled appointment time (Walk-in Centres)	95%	0	0	0	
	10d	Number of patients seen within 30 minutes of scheduled appointment time (Pathfinder referrals – Halton & Knowsley)	95%	10	9	0	90.0%
	10e	Number of patients seen within 30 minutes of scheduled appointment time (CAS referrals – Halton & Knowsley)	95%	14	14	0	100.0%
Doctor advice (stand-downs)	11a	Number of cases completed as Doctor Advice (i.e. face-to-face consultation was planned but did not take place) from Pathfinder & CAS referrals in 1 hour (Halton & Knowsley)	95%	0	0	0	
	11b	Number of cases completed as Doctor Advice (i.e. face-to-face consultation was planned but did not take place) from Pathfinder & CAS referrals in 2 hours (Halton & Knowsley)	95%	0	0	0	
	11c	Number of cases completed as Doctor Advice (i.e. face-to-face consultation was planned but did not take place) from Pathfinder & CAS referrals in 6 hours (Halton & Knowsley)	95%	7	7	0	100.0%

The following KPIs are no longer reported as of November 2017 (from 2015 Service Specification):

- 2) Practice experience of the service to be collected by Commissioner and reported following review.
- 7) Number of eligible patients admitted to Intermediate Care step-up beds.
- 9) Number of available appointments utilised.
- 10) Number of appointments refused by the service

Source: Adastra/EMIS/Business Intelligence team

Author: Performance Improvement Analyst (CS)

App 6 Intermediate Care

Month	Total Time (hours)	Allocated Time (hours)	Unallocated Time (hours)	% hours filled
October 2018 – Knowsley GP	180.5	180.5	0	
October 2018 – Knowsley GP Standby	26.5	26.5	0	
				100.0%
November 2018 – Knowsley GP	163	163	0	
November 2018 – Knowsley GP Standby	38	35	3	
				98.5%
December 2018 – Knowsley GP	167.5	163.5	4	
December 2018 – Knowsley GP Standby	27	25.5	1.5	
				97.2%
January 2019 – Knowsley GP	192	172	20	
January 2019 – Knowsley GP Standby	30.5	30.5	0	
				91.0%
February 2019 – Knowsley GP	140	140	0	
February 2019 – Knowsley GP Standby	40	40	0	
				100.0%
March 2019 – Knowsley GP	159.5	159.5	0	
March 2019 – Knowsley GP Standby	28.5	27.5	1	
				99.5%
April 2019 – Knowsley GP	173	173	0	
April 2019 – Knowsley GP Standby	26	25	1	
				99.5%
May 2019 – Knowsley GP	185.5	185.5	0	
May 2019 – Knowsley GP Standby	22.5	22.5	0	
				100.0%
June 2019 – Knowsley GP	165	165	0	
June 2019 – Knowsley GP Standby	18	18	0	
				100.0%
July 2019 – Knowsley GP	183.5	183.5	0	
July 2019 – Knowsley GP Standby	24	24	0	
				100.0%
August 2019 – Knowsley GP	172	172	0	
August 2019 – Knowsley GP Standby	26	26	0	
				100.0%
September 2019 – Knowsley GP	168.5	168.5	0	
September 2019 – Knowsley GP Standby	20.5	20.5	0	
				100.0%
October 2019 – Knowsley GP	183.5	183.5	0	
October 2019 – Knowsley GP Standby	28	28	0	
				100.0%
November 2019 – Knowsley GP	155	155	0	
November 2019 – Knowsley GP Standby	34	34	0	
				100.0%

Source: RotaMaster

Author: Business Intelligence Lead

App 7 Extended Access

Liverpool Extended Access						
Month	Appts available	Appts booked	Appts DNA'd (incl 'tel not answered')	% of appts booked	% of appts DNA'd	Clinical rota shift fulfilment
Nov-18	4298	2491	210	58.0%	8.4%	86%
Dec-18	3719	2699	199	72.6%	7.4%	82%
Jan-19	3951	3063	273	77.5%	8.9%	76%
Feb-19	4145	3139	285	75.7%	9.1%	92%
Mar-19	5416	3484	285	64.3%	8.2%	80%
Apr-19	4555	3198	245	70.2%	7.7%	94%
May-19	4543	3137	234	69.1%	7.5%	78%
Jun-19	4660	3024	253	64.9%	8.4%	102.9%
Jul-19	4998	3467	265	69.4%	7.6%	98.9%
Aug-19	4484	3169	248	70.7%	7.8%	92.5%
Sep-19	4463	3125	253	70.0%	8.1%	95.4%
Oct-19	4640	3604	296	77.7%	8.2%	91.6%

St Helens Extended Access						
Month	Appts available	Appts booked	Appts DNA'd	% of appts booked	% of appts DNA'd	Clinical rota shift fulfilment
Nov-18	807	352	32	43.6%	9.1%	75%
Dec-18	810	553	73	68.3%	13.2%	50%
Jan-19	1064	833	108	78.3%	13.0%	78%
Feb-19	1064	807	121	75.8%	15.0%	70%
Mar-19	1258	916	129	72.8%	14.1%	78%
Apr-19	1144	745	107	65.1%	14.4%	71%
May-19	959	711	104	74.1%	14.6%	61%
Jun-19	1041	792	113	76.1%	14.3%	63.9%
Jul-19	863	711	99	82.4%	13.9%	51.2%
Aug-19	708	604	103	85.3%	17.1%	41.3%
Sep-19	1061	902	136	85.0%	15.1%	65.4%
Oct-19	1000	929	171	92.9%	18.4%	57.2%

Source: RotaMaster / EMIS / Adastra

Author: Business Intelligence Lead / Service Delivery Administrator (LF) / Rota and Workforce Planning Manager

App 8 Asylum service

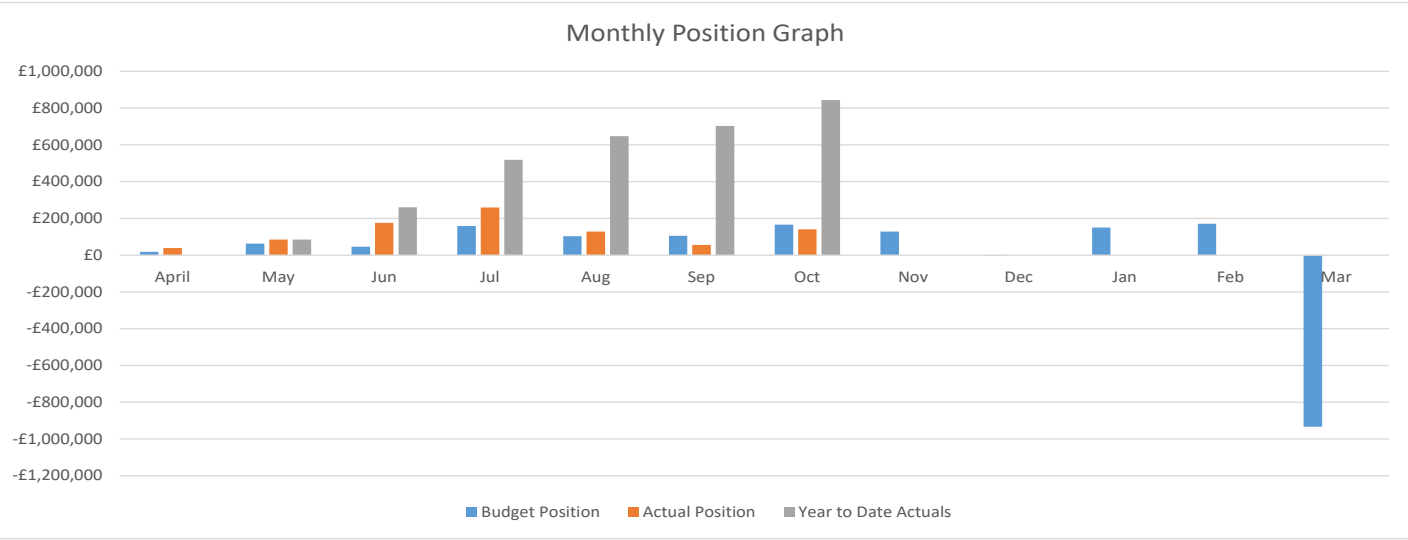
Current year				Previous year			EMIS results
Month	Arrivals (current year)	Health Assessments done in month (current year) - from Mar 2018 for arrivals in month	GP Appts (current year)	Arrivals (previous year)	Health Assessments done in month (previous year)	GP Appts (previous year)	Arrivals (EMIS report)
Nov 18	506	159	73	451	345	67	531
Dec 18	421	108	49	386	144	30	444
Jan 19	426	197	<i>Not reported</i>	367	227	47	494
Feb 19	500	265	<i>Not reported</i>	316	290	45	452
Mar 19	404	161	<i>Not reported</i>	372	250	33	482
Apr 19	333	184	<i>Not reported</i>	338	206	47	358
May 19	367	211	<i>Not reported</i>	284	192	52	379
Jun 19	393	217	<i>Not reported</i>	359	208	42	380
Jul 19	398	178	<i>Not reported</i>	460	258	44	418
Aug 19	700	334	<i>Not reported</i>	450	307	53	673
Sep 19	606	278	<i>Not reported</i>	403	177	61	568
Oct 19	569	249	<i>Not reported</i>	517	243	53	586

Source: PC24 Asylum service Practice Manager / EMIS

Author: Business Intelligence Lead/Primary Care Administrator

Position Graph

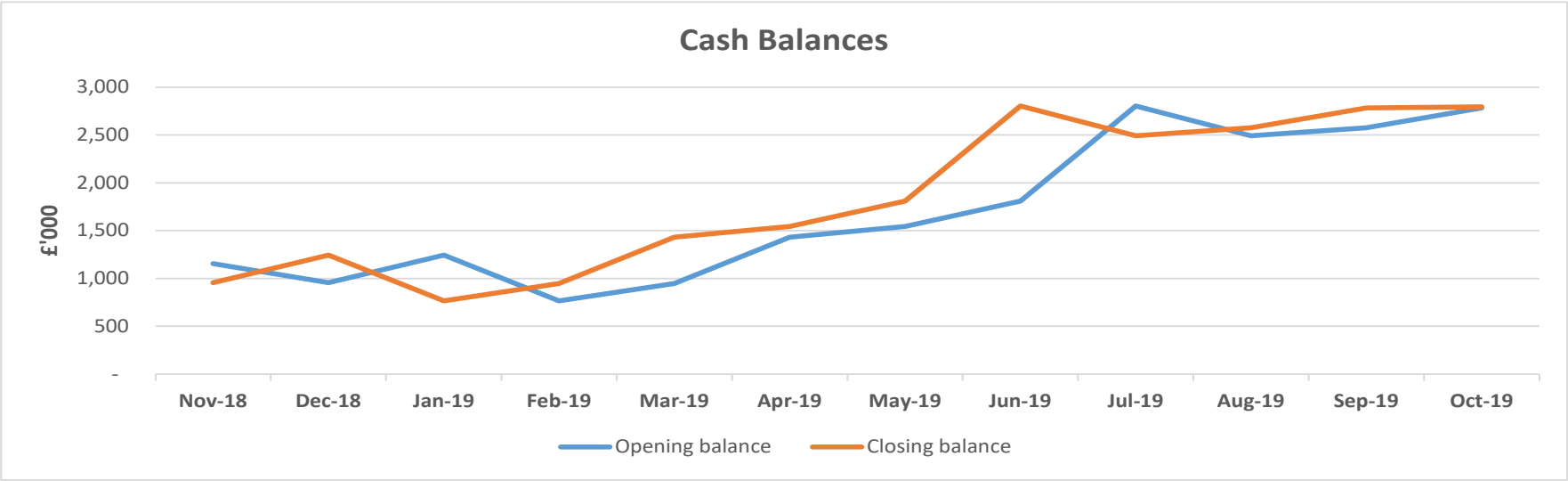
The below graph plots out the year to date actual positions, along with the planned position.



Source: E-Financials
Author: Head of Finance

App 10 Cash Position

	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Opening balance	1,156	955	1,245	766	949	1,433	1,544	1,810	2,804	2,492	2,575	2,783
Closing balance	955	1,245	766	949	1,433	1,544	1,810	2,804	2,492	2,575	2,783	2,795



Source: Bank Statements
Author: Head of Finance

App 11 Efficiency Position

Efficiency Plans Summary

	Full Year	Year to Date			In Month		
		Plan	Actual	Actual	Plan	Actual £	Actual
1. Agency staff reduction - Clinical	£200,000	£57,143	-	0%	£28,571	-	0%
2. Sefton Transformation	£200,000	£102,778	£97,999	95%	£48,224	£37,694	78%
3. Stand Alone Schemes	£8,000	£3,208	£1,000	31%	£208	-	0%
Total	£408,000	£163,129	£98,999	61%	£77,004	£37,694	49%

Source: Efficiency Monitoring Tool

Author: Head of Finance

App 12 Quality and Patient Safety
Friends & Family Test

"How likely are you to recommend our service to friends and family if they needed similar care or treatment?"				
	Aug-19	Sep-19	Oct-19	Nov-19 MTD (to 20th)
Extremely Likely	67.3%	70.7%	71.2%	68.0%
Likely	15.7%	14.4%	15.3%	16.5%
Neither Likely or Unlikely	4.8%	3.5%	2.8%	3.7%
Unlikely	2.8%	3.2%	3.1%	3.7%
Extremely Unlikely	8.4%	7.4%	7.0%	7.0%
Don't know	1.0%	0.8%	0.6%	1.1%

Source: Synapta / Knowsley PCS paper surveys / Sefton Practices MJog surveys
 Author: Business Intelligence Lead / Knowsley PCS Service Manager

Compliments

SDU/Dept/Area	Primary & Community Services			Out Of Hours (incl Alder Hey)	Internal
	Asylum	Daytime Services (incl EAS)	GP Practices		
Sep-19	0	3	6	3	0
Oct-19	0	0	6	1	0

Source: Datix
 Author: Quality Governance Officer (CM)

Incidents

SDU/Dept/Area	Primary & Community Services			Out Of Hours (incl Alder Hey)	Internal
	Asylum	Daytime Services (incl EAS)	GP Practices		
Sep-19	2	11	8	34	4
Oct-19	9	18	17	29	11

Source: Datix
 Author: Quality Governance Officer (CM)

Complaints not resolved within 25 days

During the month of September 2019 there were 6 complaints that were not closed within the 25 working day timeframe.
 During the month of October 2019 there were 5 complaints that were not closed within the 25 working day timeframe.

Source: Datix
 Author: Quality Governance Officer (CM)

Safeguarding reports

Total number of incidents reported during September 2019 was 59; of these, 3 were reported as safeguarding incidents and of the 3 incidents reported, 1 was reported to safeguarding.
 Total number of incidents reported during October 2019 was 84; of these, 8 were reported as safeguarding incidents and of the 8 incidents reported, 1 was reported to safeguarding.

Source: Datix
 Author: Quality Governance Officer (CM)

App 13 Complaints received

Date Received	Service	Description	Action Taken	Commissioner	Grade	Outcome	Closed
27/09/2019	Sefton Practices	Attitude & Behaviour	Under Review	South Sefton	Not graded as under review	Under Review	Ongoing
27/09/2019	OOHs	Clinical Treatment	Under Review	Halton	Moderate	Under Review	Ongoing
26/09/2019	OOHs	Waiting Times	Under Review	Liverpool	Moderate	Under Review	Ongoing
25/09/2019	OOHs	Clinical Treatment	Reviewed	Liverpool	High	Upheld	Closed
23/09/2019	LEAS	Clinical Treatment	Reviewed	Liverpool	Low	Partially Upheld	Closed
21/09/2019	St Helens OOH	Clinical Treatment	Under Review	St Helens	Not graded as under review	Under Review	Ongoing
19/09/2019	Sefton Practices	Clinical Treatment	Under Review	South Sefton	Not graded as under review	Under Review	Ongoing
17/09/2019	Sefton Practices	Clinical Treatment	Under Review	South Sefton	Low	Under Review	Ongoing
17/09/2019	Sefton Practices	Shortage/Availability	Under Review	South Sefton	Not graded as under review	Under Review	Ongoing
17/09/2019	Sefton Practices	Premises, Patient Privacy/Dignity	Under Review	South Sefton	Not graded as under review	Under Review	Ongoing
10/09/2019	Sefton Practices	Attitude and Behaviour	Under Review	South Sefton	Not graded as under review	Under Review	Ongoing
07/09/2019	OOHs	Clinical Treatment	Under Review	Liverpool	Not graded as under review	Under Review	Ongoing
06/09/2019	PCS Aintree	Clinical Treatment	Reviewed	Liverpool	Very Low	Not Upheld	Closed
05/09/2019	Knowsley Extended Access	Personal Records	Under Review	Knowsley	Low	Under Review	Ongoing
22/10/2019	OOH	Clinical Treatment		LCCG			
15/10/2019	Sefton	Attitude and Behaviour		SSCCG			
02/10/2019	OOH	Attitude and Behaviour		LCCG			
23/10/2019	LEAS	Appointment Issue	Training related	LCCG	Low	Not upheld	25/10/2019
29/07/2019	OOH	Clinical Treatment		KCCG			
19/10/2019	OOH	Attitude and Behaviour		LCCG			
28/10/2019	OOH	Clinical Treatment		LCCG			
31/10/2019	Sefton	Prescription Issue		SSCCG			
17/10/2019	Sefton	Attitude and Behaviour, Appointment Issue		SSCCG			
28/10/2019	Sefton	Clinical Treatment		SSCCG			

Source: Datix

Author: Quality Governance Officer (CM)

Staff Turnover

UC24	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Start of Month Staff Numbers	243	241	198	203	209	213	219	220	224	233	237	233
Starters	4	2	7	9	8	7	5	5	11	7	2	5
Leavers	6	0	2	3	4	1	4	1	2	3	6	7
TUPE												
Staff in probation period	27	23	27	32	37	37	38	41	45	43	37	35
Staff due to receive appraisal	214	220	171	177	176	182	182	183	188	194	196	196
End of Month Staff Numbers	241	243	203	209	213	219	220	224	233	237	233	231
Turnover Rate	2.48%	0.00%	1.00%	1.46%	1.90%	0.46%	1.82%	0.45%	0.88%	1.28%	2.55%	3.02%
Annualised rate	29.8%	0.0%	12.0%	17.5%	22.7%	5.6%	21.9%	5.4%	10.5%	15.3%	30.6%	36.2%
Rolling Annualised rate	17.2%	15.5%	14.8%	15.4%	16.4%	16.0%	16.6%	15.8%	13.8%	14.6%	15.5%	17.3%

Source: Rotamaster

Author: HR Manager (PM)

Appraisal compliance (figures re-calculated Sep 2018 to count 'staff requiring appraisal' rather than 'total staff')

Appraisals completed in date	76	76	48	84	88	0	2	16	38	55	61	62
Total staff requiring appraisal	214	220	150	177	176	182	182	183	188	194	196	196
	35.5%	34.5%	32.0%	47.5%	50.0%	0.0%	1.1%	8.7%	20.2%	28.4%	31.1%	31.6%

Source: Rotamaster

Author: HR Manager (PM)

Mandatory training compliance

	New method in use											
Courses due to be completed by end of working month	1701	Not supplied	Not supplied	Not supplied	Not supplied	2111	2168	2272	2403	2365	2371	2317
Courses completed by end of working month	1500	Not supplied	Not supplied	Not supplied	Not supplied	1778	1986	2140	2254	2261	2259	2198
	88.2%	Not supplied	Not supplied	Not supplied	Not supplied	84.2%	91.6%	94.2%	93.8%	95.6%	95.3%	94.9%

Source: Rotamaster/E-learning portal

Author: Training Manager / Trainer

Service Delivery	App. ref	Target	YTD (from Apr)	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Trend	Nov-19 Forecast	Exception Report Number
Sefton GP practices - cover of Clinical Sessions (GPs & ANPs)	2.1	100%	92.7%	106.2%	93.3%	101.3%	89.9%	94.9%	93.2%	96.1%	95.1%	88.9%	84.3%	98.7%	92.5%		92%	PCS001
Sefton GP practices - Salaried/Associate cover of clinical sessions (GPs & ANPs)	2.1	70%	37.4%	38.6%	35.0%	32.8%	35.1%	35.8%	49.6%	36.9%	35.4%	40.1%	34.9%	36.0%	28.6%		33%	PCS002
Sefton GP practices - Agency Cover (GP & ANP) cover of clinical sessions	2.1	30%	62.6%	67.7%	65.0%	67.2%	54.9%	64.2%	50.4%	63.1%	64.6%	59.9%	65.1%	64.0%	71.4%		67%	PCS002
Sefton GP practices - appointment utilisation overall (appts booked minus appts DNA'd)	2.2	>90%	84.1%	86.2%	84.3%	87.1%	88.5%	88.5%	83.6%	85.1%	84.3%	82.7%	83.9%	82.3%	86.6%		84%	PCS003
Sefton GP practices - appointment utilisation for GPs (appts booked minus appts DNA'd)	2.3	>90%	88.4%											86.7%	90.1%		88%	PCS004
Sefton GP practices - appointment utilisation for ANPs (appts booked minus appts DNA'd)	2.3	>90%	76.5%											73.6%	79.3%		76%	PCS005
Sefton GP practices - appointment utilisation for Practice Nurses (appts booked minus appts DNA'd)	2.3	>90%	81.1%											77.8%	84.4%		81%	PCS006
Sefton GP practices - appointment utilisation for Healthcare Assistants (appts booked minus appts DNA'd)	2.3	>90%	75.3%											74.0%	76.7%		75%	PCS007
Sefton GP practices - appointment overall DNA rate	2.2	<5%	6.4%	5.6%	6.3%	5.9%	5.1%	5.5%	6.9%	5.7%	6.3%	6.2%	6.7%	7.0%	5.7%		6%	PCS003

Exception reference	Description	Commentary	Owner	Timescale to resolve (if applicable)
PCS001	Sefton GP Practices - % cover of clinical sessions	Cover of clinical sessions reduced due to some short notice cancellations and sickness by locums.	Rota team	
PCS002	Sefton GP Practices - % of salaried vs agency cover	5 out of 7 rely on locum GPs and have no weekly salaried GP. 2 salaried GPs left in September and October which resulted reduction of this ratio. 2.5 days of salaried cover is starting in November which should help improve this figure.	Rota Team	
PCS003	Sefton GP Practices overall appointment utilisation and 'did not attend' rate	Appointment utilisation has fallen in September by 1.6% though has increased to 86.6% in October the rest for the year. DNA rates have reduced to 5.7% in October. PMs are being tasked with improving the utilisation.	Practice Managers	
PCS004	Sefton GP Practices GP appointment utilisation rate	GP utilised appointments reduced in September and increased in October. September still saw several short notice cancellations and late clinics being added meaning poor utilisation.	Practice Managers	
PCS005	Sefton GP Practices ANP appointment utilisation rate	ANP utilisation remains poor with a high number of DNAs. ANP utilisation has actually increased apart from in Crossways (30%) which is skewing the overall figure significantly. Practice Managers are being tasked with improving the utilisation.	Practice Managers	
PCS006	Sefton GP Practices Practice Nurse appointment utilisation rate	Practice Nurse utilisation has improved both in utilisation and in DNAs although remains below target. Practice Managers are being tasked with improving the utilisation.	Practice Managers	
PCS007	Sefton GP Practices HCA appointment utilisation rate	HCA utilisation has increased and the DNA rate dropped, although remains below target. Practice Managers are being tasked with improving the utilisation.	Practice Managers	

App 2.1

Sefton GP practices

Salaried v Agency clinicians utilisation

Practice	Weekly Contracted Clinical Sessions - (Based on Surgery Size)	Contracted September sessions	Actual Salaried/ Associate GP sessions	Actual GP Agency Sessions	Actual Salaried ANP sessions	Actual Agency ANP sessions	Total actual sessions	Salaried GP utilisation of clinical sessions (compared to actual)	Agency GP utilisation of clinical sessions (compared to actual)	Salaried ANP utilisation of clinical sessions (compared to actual)	Agency ANP utilisation of clinical sessions (compared to actual)	Total Coverage (actual compared to planned)	Total salaried cover (GPs & ANPs) (compared to actual)	Total Agency cover (GPs & ANPs) (compared to actual)	Comments
Crosby	14 sessions	60	25	21	0	12	58	43%	36%	0%	21%	97%	43%	57%	
Maghull	15 sessions	62	6	48	0	0	54	11%	89%	0%	0%	87%	11%	89%	
Crossways	13 sessions	56	7	32	0	10	49	14%	65%	0%	20%	88%	14%	86%	
Litherland	14 sessions	58	22	28	0	15	65	34%	43%	0%	23%	112%	34%	66%	
Seaforth	10 sessions	42	16	29	0	0	45	36%	64%	0%	0%	107%	36%	64%	
Thornton	13 sessions	54	40	8	0	8	56	71%	14%	0%	14%	104%	71%	29%	
Netherton	12 sessions	48	19	29	0	0	48	40%	60%	0%	0%	100%	40%	60%	
Totals		380	135	195	0	45	375	36.0%	52.0%	0.0%	12.0%	98.7%	36.0%	64.0%	

Practice	Weekly Contracted Clinical Sessions - (Based on Surgery Size)	Contracted October sessions	Actual Salaried/ Associate GP sessions	Actual GP Agency Sessions	Actual Salaried ANP sessions	Actual Agency ANP sessions	Total actual sessions	Salaried GP utilisation of clinical sessions (compared to actual)	Agency GP utilisation of clinical sessions (compared to actual)	Salaried ANP utilisation of clinical sessions (compared to actual)	Agency ANP utilisation of clinical sessions (compared to actual)	Total Coverage (actual compared to planned)	Total salaried cover (GPs & ANPs) (compared to actual)	Total Agency cover (GPs & ANPs) (compared to actual)	Comments
Crosby	14 sessions	70	26	24	0	8	58	45%	41%	0%	14%	83%	45%	55%	
Maghull	15 sessions	68	4	60	0	8	72	6%	83%	0%	11%	106%	6%	94%	
Crossways	13 sessions	58	0	48	0	8	56	0%	86%	0%	14%	97%	0%	100%	
Litherland	14 sessions	69	26	28	0	13	67	39%	42%	0%	19%	97%	39%	61%	
Seaforth	10 sessions	48	18	26	0	0	44	41%	59%	0%	0%	92%	41%	59%	
Thornton	13 sessions	59	36	12	0	4	52	69%	23%	0%	8%	88%	69%	31%	
Netherton	12 sessions	66	6	50	0	0	56	11%	89%	0%	0%	85%	11%	89%	
Totals		438	116	248	0	41	405	28.6%	61.2%	0.0%	10.1%	92.5%	28.6%	71.4%	

Source: Sefton practices Practice Managers

Author: Primary Care Administrator (SB)

	Available	Appointments		Appointments	% of available		Overall
Nov-18	Appointments	Booked	DNAs	Attended	appointments booked	% DNA	Utilisation
Thornton	1044	978	76	902	93.7%	7.8%	86.4%
Maghull	1199	1141	30	1111	95.2%	2.6%	92.7%
Crossways	884	746	19	727	84.4%	2.5%	82.2%
Crosby	977	866	43	831	88.6%	5.0%	85.1%
Netherton	1015	888	51	835	87.5%	5.7%	82.3%
Seaforth	881	857	94	763	97.3%	11.0%	86.6%
Litherland	1209	1102	55	1047	91.1%	5.0%	86.6%
Totals	7209	6578	368	6216	91.2%	5.6%	86.2%

	Available	Appointments		Appointments	% of available		Overall
Dec-18	Appointments	Booked	DNAs	Attended	appointments booked	% DNA	Utilisation
Thornton	894	821	67	754	91.8%	8.2%	84.3%
Maghull	940	898	24	874	95.5%	2.7%	93.0%
Crossways	720	612	8	604	85.0%	1.3%	83.9%
Crosby	982	882	53	829	89.8%	6.0%	84.4%
Netherton	790	709	43	666	89.7%	6.1%	84.3%
Seaforth	777	693	80	613	89.2%	11.5%	78.9%
Litherland	1066	931	72	859	87.3%	7.7%	80.6%
Totals	6169	5546	347	5199	89.9%	6.3%	84.3%

	Available	Appointments		Appointments	% of available		Overall
Jan-19	Appointments	Booked	DNAs	Attended	appointments booked	% DNA	Utilisation
Thornton	1446	1365	125	1240	94.4%	9.2%	85.8%
Maghull	1334	1241	45	1198	93.0%	3.6%	89.8%
Crossways	1042	914	20	894	87.7%	2.2%	85.8%
Crosby	1033	998	59	939	96.6%	5.9%	90.9%
Netherton	1138	1006	68	938	88.4%	6.8%	82.4%
Seaforth	867	826	58	768	95.3%	7.0%	88.6%
Litherland	1485	1372	78	1294	92.4%	5.7%	87.1%
Totals	8345	7722	453	7271	92.5%	5.9%	87.1%

	Available	Appointments		Appointments	% of available		Overall
Feb-19	Appointments	Booked	DNAs	Attended	appointments booked	% DNA	Utilisation
Thornton	1082	1046	49	997	96.7%	4.7%	92.1%
Maghull	1156	1087	30	1057	94.0%	2.8%	91.4%
Crossways	914	776	24	752	84.9%	3.1%	82.3%
Crosby	896	840	42	798	93.8%	5.0%	89.1%
Netherton	1047	973	79	894	92.9%	8.1%	85.4%
Seaforth	727	701	65	636	96.4%	9.3%	87.5%
Litherland	1212	1162	71	1091	95.9%	6.1%	90.0%
Totals	7034	6585	360	6225	93.6%	5.5%	88.5%

	Available	Appointments		Appointments	% of available		Overall
Mar-19	Appointments	Booked	DNAs	Attended	appointments booked	% DNA	Utilisation
Thornton	1082	1046	49	997	96.7%	4.7%	92.1%
Maghull	1156	1087	30	1057	94.0%	2.8%	91.4%
Crossways	914	776	24	752	84.9%	3.1%	82.3%
Crosby	896	840	42	798	93.8%	5.0%	89.1%
Netherton	1047	973	79	894	92.9%	8.1%	85.4%
Seaforth	727	701	65	636	96.4%	9.3%	87.5%
Litherland	1212	1162	71	1091	95.9%	6.1%	90.0%
Totals	7034	6585	360	6225	93.6%	5.5%	88.5%

	Available	Appointments		Appointments	% of available		Overall
Apr-19	Appointments	Booked	DNAs	Attended	appointments booked	% DNA	Utilisation
Thornton	882	844	78	766	95.7%	9.2%	86.8%
Maghull	943	913	27	886	96.8%	3.0%	94.0%
Crossways	861	701	21	680	81.4%	3.0%	79.0%
Crosby	993	928	46	882	93.5%	5.0%	88.8%
Netherton	994	908	60	848	91.3%	6.6%	85.3%
Seaforth	979	865	113	752	88.4%	13.1%	76.8%
Litherland	1340	1119	87	1032	83.5%	7.8%	77.0%
Totals	6992	6278	432	5846	89.8%	6.9%	83.6%

	Available Appointments	Appointments Booked	DNAs	Appointments Attended	% of available appointments booked	% DNA	Overall Utilisation
May-19							
Thornton	1009	967	64	903	95.8%	6.6%	89.5%
Maghull	959	931	8	923	97.1%	0.9%	96.2%
Crossways	996	904	34	870	90.8%	3.8%	87.3%
Crosby	964	883	51	832	91.6%	5.8%	86.3%
Netherton	963	815	35	780	84.6%	4.3%	81.0%
Seaforth	979	865	113	752	88.4%	13.1%	76.8%
Litherland	1321	1124	67	1057	85.1%	6.0%	80.0%
Totals	7191	6489	372	6117	90.2%	5.7%	85.1%

	Available Appointments	Appointments Booked	DNAs	Appointments Attended	% of available appointments booked	% DNA	Overall Utilisation
Jun-19							
Thornton	1030	1018	71	947	98.8%	7.0%	91.9%
Maghull	841	811	38	773	96.4%	4.7%	91.9%
Crossways	1059	941	35	906	88.9%	3.7%	85.6%
Crosby	1089	973	47	926	89.3%	4.8%	85.0%
Netherton	914	756	34	722	82.7%	4.5%	79.0%
Seaforth	857	789	97	692	92.1%	12.3%	80.7%
Litherland	1359	1147	85	1062	84.4%	7.4%	78.1%
Totals	7149	6435	407	6028	90.0%	6.3%	84.3%

	Available Appointments	Appointments Booked	DNAs	Appointments Attended	% of available appointments booked	% DNA	Overall Utilisation
Jul-19							
Thornton	1145	1040	67	973	90.8%	6.4%	85.0%
Maghull	686	677	23	654	98.7%	3.4%	95.3%
Crossways	1159	933	29	904	80.5%	3.1%	78.0%
Crosby	1157	1061	49	1012	91.7%	4.6%	87.5%
Netherton	1320	1134	94	1040	85.9%	8.3%	78.8%
Seaforth	757	731	71	660	96.6%	9.7%	87.2%
Litherland	1245	1007	74	933	80.9%	7.3%	74.9%
Totals	7469	6583	407	6176	88.1%	6.2%	82.7%

	Available Appointments	Appointments Booked	DNAs	Appointments Attended	% of available appointments booked	% DNA	Overall Utilisation
Aug-19							
Thornton	970	930	79	851	95.9%	8.5%	87.7%
Maghull	898	839	24	815	93.4%	2.9%	90.8%
Crossways	671	605	35	570	90.2%	5.8%	84.9%
Crosby	749	726	35	691	96.9%	4.8%	92.3%
Netherton	959	815	43	772	85.0%	5.3%	80.5%
Seaforth	546	497	73	424	91.0%	14.7%	77.7%
Litherland	1328	1090	79	1011	82.1%	7.2%	76.1%
Totals	6121	5502	368	5134	89.9%	6.7%	83.9%

	Available Appointments	Appointments Booked	DNAs	Appointments Attended	% of available appointments booked	% DNA	Overall Utilisation
Sep-19							
Thornton	1022	971	68	903	95.0%	7.0%	88.4%
Maghull	1104	1013	31	982	91.8%	3.1%	88.9%
Crossways	1094	828	30	798	75.7%	3.6%	72.9%
Crosby	829	788	67	721	95.1%	8.5%	87.0%
Netherton	1300	1074	74	1000	82.6%	6.9%	76.9%
Seaforth	624	596	69	527	95.5%	11.6%	84.5%
Litherland	1519	1363	126	1237	89.7%	9.2%	81.4%
Totals	7492	6633	465	6168	88.5%	7.0%	82.3%

	Available Appointments	Appointments Booked	DNAs	Appointments Attended	% of available appointments booked	% DNA	Overall Utilisation
Oct-19							
Thornton	862	825	59	766	95.7%	7.2%	88.9%
Maghull	1371	1283	34	1249	93.6%	2.7%	91.1%
Crossways	1186	1,001	23	978	84.4%	2.3%	82.5%
Crosby	1,525	1,372	55	1317	90.0%	4.0%	86.4%
Netherton	1152	1092	70	1022	94.8%	6.4%	88.7%
Seaforth	769	704	104	600	91.5%	14.8%	78.0%
Litherland	1478	1386	95	1291	93.8%	6.9%	87.3%
Totals	8343	7663	440	7223	91.8%	5.7%	86.6%

Source: Sefton practices Practice Managers

Author: Primary Care Administrator

App 2.3 Sefton GP practices - overall appointment utilisation by clinician type

Sep-19	Available Appointments	Appointments Booked	DNAs	Appointments Attended	% of available appointments booked	% DNA	Overall Utilisation
GP	4317	3955	214	3741	91.6%	5.4%	86.7%
ANP	632	499	34	465	79.0%	6.8%	73.6%
Practice Nurse	2109	1834	193	1641	87.0%	10.5%	77.8%
HCA	434	345	24	321	79.5%	7.0%	74.0%
Total	7492	6633	465	6168	88.5%	7.0%	82.3%

Oct-19	Available Appointments	Appointments Booked	DNAs	Appointments Attended	% of available appointments booked	% DNA	Overall Utilisation
GP	4797	4536	212	4324	94.6%	4.7%	90.1%
ANP	910	773	51	722	84.9%	6.6%	79.3%
Practice Nurse	2005	1840	147	1693	91.8%	8.0%	84.4%
HCA	631	514	30	484	81.5%	5.8%	76.7%
Total	8343	7663	440	7223	91.8%	5.7%	86.6%

Source: Sefton practices Practice Managers
Author: Primary Care Administrator

Title: People Strategy 2020-2023	Meeting Date: 28 th November 2019	Agenda item no: 9.1
Prepared by: Susan Westbury, Associate Director of HR & OD	Discussed by: Board	
Link to UC24 Values: <ul style="list-style-type: none"> <input type="checkbox"/> Providing quality patient services ✓ Being an excellent employer <input type="checkbox"/> Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> <input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive ✓ Well-led 	Resource implications: None	
	Purpose of the report: <ul style="list-style-type: none"> <input type="checkbox"/> Assurance ✓ Decision <input type="checkbox"/> Discussion <input type="checkbox"/> Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • Note the new People Strategy 2020-2023 and support the implementation 	

1.0 Purpose

- 1.1** The purpose of this paper is provide the Board with oversight of the People Strategy 2020-2023. The People Strategy supports delivery of the strategic objectives set out in the Strategic Business Plan 2019-21, with the overall aim of PC24 becoming the employer of choice.

2.0 Process

- 2.1** The HR Team participated in a team away day on 12th September 2019 to commence work on a people strategy. This included reviewing the strategic objectives of the organisation along with the workforce challenges for primary care that were set out in the NHS Long Term plan and the NHS Interim People Plan. From this a set of broad themes were developed. These themes and the outline of the strategy were shared with the Executive Team on 18th September 2019 and feedback taken. A presentation was then made to the Quality & Workforce Committee on 18th September 2019 and agreement gained to progress the strategy based on the outline provided.
- 2.2** The presentation was then shared with the Board on 26th September 2019 and again agreement was given to progress further development of the strategy.

- 2.3** The HR team then undertook a series of staff engagement events including; IUC Service Managers, Sefton Primary Care Practice Managers, Clinical Leads, weekend OOH staff, IUC Shift Managers and a range of corporate teams. All feedback gained throughout the consultation phase was considered and incorporated, where appropriate.
- 2.4** The Strategy was then presented to the Executive Team on 6th November 2019 and approval gained to progress to the Quality & Workforce Committee for ratification. The Quality & Workforce Committee ratified the Strategy on 20th November 2019. A copy of the People Strategy is attached for review.
- 2.5** To support the implementation of the Strategy, a “strategy on a page” has been developed. This will be displayed in all PC24 premises and also used in corporate induction. This will help to demonstrate and embed the message of the commitment the organisation has made to develop its people.

3.0 Recommendation

- 3.1** The Board is asked to note the People Strategy 2020-2023 and support the implementation.

Primary Care:24

People Strategy 2020 – 2023





A personal message from the Director of Human Resources & Organisation Development



Here at PC24 we believe a great patient experience is intrinsically linked to a great staff experience. For this reason we need to care for, develop and enable the potential of all our people, including those who are not directly employed by us. We all have a crucial role to play and so we need to harness everyone's energy, talents and differences in developing our shared sense of purpose.

Over the next 3 years we must ensure all our people are enabled to meet the changing needs of our service. We need to be agile, flexible and able to respond to the health and social care agenda, listening to and learning from our patients, to ensure they receive the best quality of healthcare.

In developing this strategy, we have fully engaged with our staff. As a result, we have embedded what they want from us to become an employer of choice.

Through listening to our staff, we have developed the following 4 key themes:

1. Attracting, Recruiting and Retaining the Best People
2. Engaging and Involving our People
3. Developing our People
4. Supporting People's Health and Wellbeing

These will form the basis of our People Strategy and the work that we undertake over the coming 3 years.

Overall, we aim to improve our staff engagement and become an employer of choice. This in turn will have a positive impact on our long term sustainability as an organisation and our patient outcomes.

Susan Westbury,

Director of Human Resources & Organisation Development

Our ambition is to create a place of work where everybody:

- feels welcomed and their contribution, talent and differences are valued
- is clear about the part they play in the delivery of excellent and safe care
- understands their personal responsibility to ensure they have a positive impact on those they care for and those they work alongside
- is actively encouraged to get involved in shaping improvements in their teams
- is actively involved in decisions that affect them
- is supported to develop throughout their career to achieve their full potential
- is treated fairly and with respect, with a shared commitment to learning from the times when we don't get things right
- is committed to supporting their teams to do the very best they can for our patients
- feels supported, cared for, empowered and proud to work for us
- lives our values and consistently demonstrates the behaviours associated with them



Our Mission

To deliver the best quality healthcare to the population we serve, by being the employer of choice in 24-hour primary care.

Our Strategic Objectives

The Strategic Business Plan 2019 - 2021 sets out the strategic objectives for the organisation. These objectives recognise the value our people bring and the contributions they make to us being a successful organisation. **They include the following:**

- We will be the employer we wish to be at all levels of the organisation
- We will communicate at all levels effectively, positively and regularly
- We will develop our corporate functions from transactional to transformational

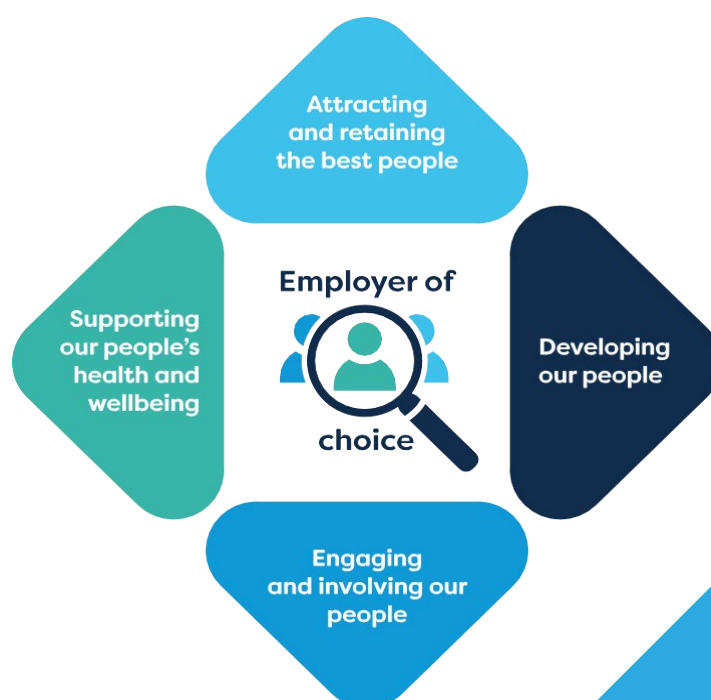
This People Strategy supports the successful delivery of these objectives.

Strategic Context

The health and social care agenda is rapidly changing and the launch of the NHS Long Term Plan in January 2019 clearly sets out the direction of travel for primary care. This brings a series of workforce challenges and opportunities, which are being addressed through the NHS People Plan https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf

Our People Strategy will help support delivery of both the national People Plan and PC24's strategic objectives. As a social enterprise we will reach into our local communities to listen, learn and collaborate with them in order to help us to achieve our ambitions.

Our Key Themes





Key Theme 1:

Attracting, Recruiting and Retaining the Best People

Key deliverables	Key measures of success
Refresh recruitment identity and branding	✓ Increase in salaried workforce
Implement values-based recruitment practices	✓ Improvement in staff retention
Develop and embed corporate and local induction programmes	✓ Reduction in staff grievances
Develop reward and recognition schemes	
Support the delivery of the clinical workforce strategy	

Key Theme 2:

Engaging and Involving our People

Key deliverables	Key measures of success
Refresh and embed the values	✓ Reduction in employee relations issues
Develop and implement a behavioural framework	✓ Improvement in staff engagement levels
Implement a cycle of listening events	✓ Staff representation at Board
Establish and develop a staff forum and people champions	
Devise and implement annual staff survey	





Key Theme 3:

Developing our People

Key deliverables	Key measures of success
Undertake a learning needs analysis	✓ Increase the number of learning opportunities
Develop and facilitate a series of inclusion interventions	✓ Increase completion rates and quality of appraisals
Design and implement programmes of development at all levels	✓ Maximise internal promotional opportunities
Review and re-launch PDR process and practices	
Create a talent management process	

Key Theme 4:

Supporting Everyone's Health and Wellbeing

Key deliverables	Key measures of success
Develop a new programme of wellbeing interventions	✓ Retain Workplace Wellbeing Charter accreditation
Further develop family friendly and flexible working initiatives and practices	✓ Improvement in attendance levels
Develop a programme of mental health support	✓ Improvement in staff engagement
Implement interventions to support staff resilience	
Further enable managers to proactively assess and promote staff wellbeing	

For each of the key measures of success described above, a baseline assessment will be made in year 1 where there is currently no data available. Years 2 and 3 aim to demonstrate a year on year improvement in these measures.

In addition, this strategy aims to support the delivery of the people element of our Sustainability Plan. In doing so we aspire to engage with our local community to promote healthcare careers, provide opportunities for work experience and to offer employment skills development. This work will also support the ethos of our organisation as a social enterprise.



Our Business Enablers

To successfully deliver our People Strategy we need to ensure that we get the basics right. This includes having the right structures, policies, systems, processes and frameworks in place. **As such, we will:**

- Undertake a full review of terms and conditions of employment
- Design and implement a fit for purpose pay structure
- Ensure an effective payroll system is in place
- Develop the capability of the current workforce system and workforce metrics
- Centralise and standardise recruitment processes and practices
- Review and update all people policies to ensure they are fit for purpose
- Develop a suite of people management toolkits
- Achieve compliance with statutory requirements for equality and inclusion

In conclusion

To successfully deliver our People Strategy we will ensure we work with our people, our communities and our key stakeholders. We will continue to build inclusive and transparent relationships through effective collaboration and partnership working. Everything we do will be underpinned by a culture that is fair and just. We will hold ourselves and others to account, ensuring we deliver a great staff experience and high quality patient care.



PrimaryCare:24

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primarycare24.com



PrimaryCare:24[Ⓛ]

Our PC24 mission is to deliver the best quality healthcare to the population we serve, by being the employer of choice in 24 hour primary care.

To support this mission, our People Strategy 2020-23 sets a roadmap for the next three years to enable our people to meet the changing needs of our service in an engaging, flexible, and empowering staff environment.

We will nurture talent and learning to allow everybody to be the best that they can possibly be for the benefit of our patients and other stakeholders.

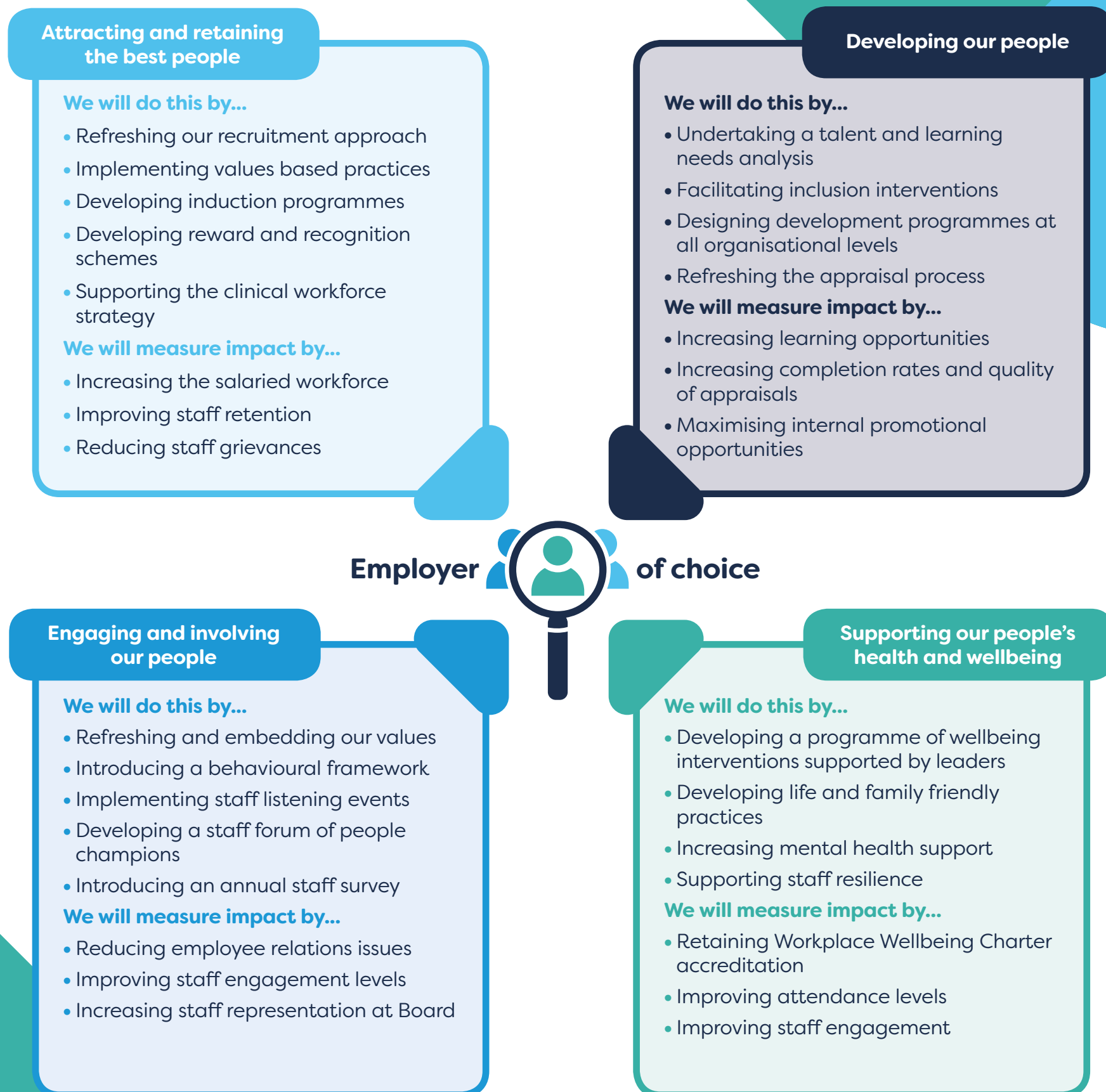
Our strategic objectives

- We will be the employer we wish to be at all levels of the organisation
- We will communicate at all levels effectively, positively and regularly
- We will develop our corporate functions from transactional to transformational

Our people commitment

- Attract, recruit and retain the best people
- Engage and involve our people
- Develop our people
- Support our people's health and wellbeing

People Strategy 2020-23



Title: Sustainability Committee	Meeting Date: 28 November 2019	Agenda item no: 10.1
Prepared and presented by: Margaret Swinson	Discussed by:	
Link to PC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> <input type="checkbox"/> Assurance ✓ Decision ✓ Discussion <input type="checkbox"/> Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • Agree the Draft Terms of Reference for the Sustainability Committee. 	

1.0 Purpose:

- 1.1 The purpose of this paper is to present draft Terms of Reference for the Sustainability Committee established by the Board at its September meeting.

2.0 Background:

- 2.1 The Chair designate of the Committee, Dr Paula Grey, Mary Ryan and Margaret Swinson met to identify the key areas to be reflected in the Terms of Reference:
- People: including staff wellbeing, inclusion and diversity, health and safety, living wage, representation and engagement with the Staff Forum and the PC24 People Strategy
 - Planet: much of the work in this area would fall under the new Environmental Group 'reduce, reuse, recycle'
 - Services: activity under this heading included health promotion, disease prevention, antimicrobial stewardship, social prescribing, sustainable health models and 'every contact counts'
 - Community: engagement with the community would come through patient engagement and specific activity undertaken by PC24 in local areas either directly or through an allied entity such as a charity. The focus would be on supporting health and wellbeing in the community through direct engagement and support for research and development.

2.2 These four areas sit within the sustainability assessment tool and the Terms of Reference reflect the need for each to be represented in the membership of the Committee.

3.0 Recommendations:

The Board is invited to:

- Agree the draft Terms of Reference.

Terms of Reference Sustainability Committee

Purpose

- The purpose of the Sustainability Committee is to promote the sustainability agenda and to monitor and measure the performance of Primary Care 24 (Merseyside) Ltd.
- The Committee should seek to provide assurance on its activity to the Board of Directors, identifying any areas of risk as appropriate, with the mitigating actions.
- The Committee is constituted under clause 6.23 of the Rules of PC24

Duties & Responsibilities

- To review the Sustainable Development Self Assessment Tool and develop a 5 year Sustainable Development Management Plan appropriate for the organisation on the basis of that review under the four broad headings:
 - People
 - Planet
 - Services
 - Community
- To delegate areas of the management plan to task groups and committees within PC24 or entities developed or created for that specific purpose.
- To receive input from Task Groups and Committees working on particular areas of the sustainability agenda.
- To monitor the organisation's progress against the management plan.
- To review policies relating to those areas for which the Committee is responsible prior to their submission to the Board for approval.
- To report to the Board of Directors on matters of risk, with mitigating actions.
- To provide recommendations to the Board on any matters where a decision is required to be taken by the Board. The Committee shall not have any powers of decision making.
- To provide a written report to the Board on the matters considered at its meetings.

Meeting frequency

- Meetings normally to be held bi-monthly (with the exception of August and December) or at the discretion of the Chair.

Attendees

- Meetings will be chaired by one of the Non-Executive Directors

- The members shall be the following:

The Committee Chair

Chief Executive Officer

Company Secretary

Director of Finance

Representative from each of the following:

Each Service Delivery Unit

Environment Group

Staff Forum

Any Patient Engagement Forum established by PC24

Any Charity or similar entity established by PC24

- The quorum shall be 4 including at least 2 of the Chair, CEO, Director of Finance and Company Secretary.

- Attendees:

The Committee may request the attendance of other staff members or relevant individuals as required to appropriately transact its business.

Governance

- The Sustainability Committee reports to the Board.

Confidentiality

Matters discussed during these meetings may be of a sensitive nature and should be treated as such.

Review

The effectiveness of the Committee will be reviewed annually, benchmarking the work of the Committee against its Terms of Reference and the organisation's objectives.

The Terms of Reference will be reviewed annually.

Title: PC24 Standing Financial Instructions	Meeting Date: 28 th November 2019	Agenda item no:
Prepared and presented by: Heledd Cooper	Discussed by: PC24 Board	
Link to PC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> <input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive ✓ Well-led 	Resource implications: None	
	Purpose of the report: <ul style="list-style-type: none"> <input type="checkbox"/> Assurance ✓ Decision <input type="checkbox"/> Discussion <input type="checkbox"/> Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • Approve the revised SFIs 	

1.0 Purpose:

- 1.1 The Standing Financial Instructions form part of Primary Care 24's (PC24) Governance processes. Together with documents such as the Scheme of Delegation they fulfil the dual role of protecting PC24's interests and protecting Officers from possible accusation that they have acted less than properly (provided that Officers have followed the correct procedures outlined in the relevant document).
- 1.2 They are designed to ensure that NHS England's financial transactions are carried out in accordance with the law and where appropriate, Government policy in order to achieve probity, accuracy, economy, efficiency and effectiveness.
- 1.3 The SFIs were due for review and have now been updated to best reflect the organisation and the environment in which it is operating.

2.0 Information:

- 2.1 The SFIs have been reviewed and comments received by the Executive team and followed by scrutiny by the Audit Committee which subject to minor changes has recommended the approval of the SFIs.

The main areas of revision are:

- Fraud, Bribery & Corruption – to bring in line with the updated Policy
- Removal of Annual report requirement as this is not a statutory requirement for PC24
- Income contract and Contract variation approval and signing – new section
- Terms of Service and payment of Directors – updated to incorporate new agreed process for the remuneration of the Chair and Non-Executives
- Tendering and Contracting procedure – removed the need to comply with EU directives governing public procurement, as this is not applicable to PC24
- Scheme of delegation – this has been expanded and some values revised and updated.

In addition, there has been a review to ensure that where a process or assurance is required, that this is now in place.

3.0 Recommendations:

That the Board approve the revised SFIs.

Standing Financial Instructions

Version	1.0
Location	Policy Folder – Finance
Approving Committee:	Primary Care 24 Audit Committee
Date Ratified:	
Reference Number:	PC24SFI
Name/Department of originator/individual:	Finance Department
Name/Title of responsible committee/individual:	Audit Committee
Date issued:	
Review date:	
Target audience:	All Employees

Version	Date	Control Reason
1.0	June 2015	Created by Scott Lingard
2.0	October 2019	Revised by Heledd Cooper

PC24 – Standing Financial Instructions

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1 Introduction

1.1 Purpose

1.1.1 These Standing Financial Instructions form part of Primary Care 24's (PC24) Governance processes. Together with documents such as the Standing Orders and Scheme of Delegation they fulfil the dual role of protecting PC24's interests and protecting Officers from possible accusation that they have acted less than properly (provided that Officers have followed the correct procedures outlined in the relevant document).

1.1.2 All Executive and Non-Executive Members and all Officers should be aware of the existence of these documents, and, where necessary, be familiar with their detailed provisions.

1.1.3 These Standing Financial Instructions detail the financial responsibilities, policies and procedures adopted by PC24. They are designed to ensure that PC24's financial transactions are carried out in accordance with the law and Government policy, where applicable, in order to achieve probity, accuracy, economy, efficiency, and effectiveness.

1.1.4 These Standing Financial Instructions identify the financial responsibilities that apply to everyone working for PC24.

1.2 Authority

1.2.1 These Standing Financial Instructions have effect as if incorporated in the Standing Orders of PC24.

1.3 Interpretation

1.3.1 Should any difficulties arise regarding the interpretation or application of any of these Standing Financial Instructions, the advice of the Director of Finance or the Head of Finance must be sought before acting.

1.3.2 For clarity, the standing Financial Instructions distinctive headings are referred to as "sections".

1.4 Failure to comply

1.4.1 Failure to comply with the Standing Orders, the Standing Financial Instructions and the Scheme of Delegation may result in disciplinary action in accordance with the PC24 disciplinary policy and procedure in operation at that time.

1.4.2 Disciplinary sanctions may include dismissal. Any financial or other irregularities or impropriety in relation to these instructions, which involve evidence or suspicion of fraud, bribery or corruption will be reported to the Director of Finance in accordance with Section 4, with a view to a criminal investigation being conducted and potential prosecution being sought.

1.4.3 If for any reason these Standing Orders, Standing Financial Instructions or the Scheme of Delegation are not complied with, including the exercise of powers without proper authority, full details of the non-compliance, any justification for non-compliance and the circumstances around the non-compliance must be reported to the next formal meeting of the Audit Committee for action or ratification.

1.4.4 Notwithstanding the above, all Members of the Board and all Officers must report any instance of non-compliance with these Standing Orders, Standing Financial Instructions, and the Scheme of Delegation to the Chief Executive, Director of Finance or Company Secretary immediately they become aware of it.

2 Scope

2.1 Officers within the scope

Board	means the Chair, Executive Members and Non-Executive Members of PC24 collectively as a body.
Budget	means a resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any or all of the functions of PC24.
Budget Holder	means an Officer with delegated authority to manage finance (income and/or expenditure) for a specific area of PC24.
Chair	means the person appointed to lead the Board and to ensure that it successfully discharges its overall responsibility for PC24 as a whole
Committee Member	means a person appointed by the Board to sit on or to chair a specific Committee
Committee	means a committee appointed by the Board, which reports to the Board.
Chief Executive	means the Chief Executive of PC24
Director of Finance	means the Director of Finance of PC24

3. AUDIT

PC24 shall comply with all relevant standards, procedures and techniques.

3.1 Audit Committee

3.1.1 The Board of Directors shall establish a committee of non-executive directors as an Audit Committee with formal terms of reference to perform such Independent Regulating, reviewing and other functions as are appropriate to provide an independent and objective view of internal control. This shall be achieved by monitoring the degree to which organisational risk management, control and governance processes support the achievement of PC24's agreed objectives.

The Audit Committee shall:

- (a) Review financial and information systems and monitor the integrity of the financial statements and review significant financial reporting judgments;
- (b) Monitor compliance with Standing Financial Instructions and ensure appropriate action is taken;
- (c) Review schedules of losses and special payments and make recommendations to the Board when appropriate;
- (d) Observe best practice guidelines;
- (e) Oversee Internal and External Audit services, including the planned activity and results;
- (f) Review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives;
- (g) Review the arrangements in place to support the Assurance Framework process prepared on behalf of the Board and advising the Board accordingly;
- (h) Review schedules of debtors/creditors balances over 6 months old and £5,000 and explanations/action plans.
- (i) Advise on Accounting Policies, the accounts, annual report, including a process for review of the accounts prior to submission for audit, errors and letter of representation.

3.1.2 The Board of Directors shall satisfy itself that at least one member of the Audit Committee has recent and relevant financial experience.

3.1.3 The Audit Committee must assess the work and fees of external audit on an annual basis to ensure that the work is of a sufficiently high standard and that the fees are reasonable.

3.1.4 The Audit Committee shall make a recommendation with respect to the re-appointment of the external auditors. If the work has been satisfactory and the charges reasonable, the Committee may re-appoint the auditor for the following year without the need for a formal selection process. However, PC24 will undertake a market-testing exercise for the appointment of the external auditor at least once every five years.

3.1.5 The Audit

Committee shall be involved in the selection process when internal audit services are changed.

3.1.6 Where the Audit Committee considers there is evidence of improper acts, or if there are other important matters that the Committee wishes to raise, the Chair of the Audit Committee should raise the matter at a full meeting of the Board of Directors.

3.2 Director of Finance

It is the responsibility of the Director of Finance to ensure an adequate Internal Audit service is provided.

3.2.1 The Director of Finance is responsible for:

- (a) Ensuring there are arrangements to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;
- (b) Ensuring that the purpose, authority and responsibility of Internal Audit is formally defined by the organisation in the Terms of Engagement with the Internal Audit provider with regard to professional best practice;
- (c) Deciding at what stage to involve the police in cases of misappropriation and other irregularities;
- (d) Ensuring that an annual internal audit report is prepared for the consideration of the Audit Committee. The report must cover:

A clear statement on the effectiveness of internal financial control, risk management and organisational controls;

Progress against plan over the previous year;

Major internal financial control weaknesses discovered;

Progress on the implementation of internal audit recommendations;

The strategic audit plan covering the coming three years;

A detailed work plan for the coming year.;

An annual audit opinion on the effectiveness of the system of internal control.

3.2.2 The Director of Finance or designated auditors are entitled without necessarily giving prior notice to require and receive:

- (a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- (b) Access at all reasonable times to any land, premises or employee of PC24;

- (c) The production of any cash, stores or other property of PC24 under an employee's control; and
- (d) Explanations concerning any matter under investigation.

3.3 Role of Internal Audit

3.3.1 Internal Audit will, in accordance with regulatory and recognised professional best practice, review, appraise and report upon:

- (a) The extent to which the achievement of PC24 objectives are monitored;
- (b) The extent of compliance with, and the financial effect of, or risk associated with relevant established policies, plans and procedures;
- (c) The adequacy, efficiency and application of financial and other related management controls;
- (d) The suitability and effective usage of financial and other related management information and data;
- (e) The extent to which PC24 assets and interests are accounted for and safeguarded from loss of any kind, arising from:
 - (i) Fraud and other offences;
 - (ii) Waste, extravagance, inefficient administration;
 - (iii) Poor value for money or other causes.

3.3.2 Internal Audit will produce an annual audit opinion on the effectiveness of the system of internal control.

3.3.3 Whenever any matter arises which involves, or is thought to involve, irregularities concerning cash, stores, or other property or any suspected irregularity in the exercise of any function of a pecuniary nature, the Director of Finance must be notified immediately.

3.3.4 The Internal Auditor will normally attend Audit Committee meetings and has a right of access to all Audit Committee members, the Chair and Chief Executive of PC24.

The Internal Auditor shall report direct to the Director of Finance and shall refer audit reports to the appropriate officers designated by the Chief Executive. Failure to take the necessary remedial action within a reasonable period shall be reported to the Director of Finance. Where, in exceptional circumstances, the use of normal reporting channels could be seen as a possible limitation on the objectivity of the audit, the Internal Auditor shall have access to report direct to the Chief Executive, Chair or any non-executive Director of PC24.

3.3.5 The Internal Auditor shall co-ordinate internal audit plans and activities with line managers, external audit and other review agencies to ensure the most effective audit coverage is achieved and duplication of effort is minimised.

3.3.6 A final report will be issued to the appropriate manager(s) and Directors and to the Director of Finance. All final reports will be available to the Chief Executive and the Audit

Committee members. The Audit Committee will also receive a report from the Internal Auditor when required, summarising the final reports issued and the adequacy of the management response.

3.3.7 PC24 will provide the Internal Auditor with every facility and all information which they may reasonably require for the purposes of their functions.

3.4 External Audit

3.4.1 The initial appointment must be made as soon as possible and no later than the end of the first period for which PC24 will be preparing accounts.

3.4.2 PC24 must ensure that the external auditor appointed meets required service needs on an on-going basis throughout the term of their appointment.

3.4.3 External audit responsibilities are:

- (a) To be satisfied that the accounts comply with the directions provided, i.e. that the accounts comply with the Annual Reporting Requirements.
- (b) To be satisfied that the accounts comply with the requirements of all other provisions contained in, or having effect under, any enactment which is applicable to the accounts;
- (c) To be satisfied that proper practices have been observed in compiling the accounts;
- (d) To be satisfied that proper arrangements have been made for securing economy, efficiency and effectiveness in the use of resources;
- (e) To comply with any directions, procedures and techniques to be adopted;
- (f) To consider the issue of a public interest report;
- (g) To certify the completion of the audit;
- (h) To express an opinion on the accounts; and
- (i) to refer the matter to Audit Committee if directors or any other official makes or are about to make decisions involving potentially unlawful action likely to cause a loss or deficiency.

3.4.4 External auditors will ensure that there is a minimum of duplication of effort between themselves and other governing bodies or assurance bodies. The auditors will discharge this responsibility by:

- (a) Reviewing internal audit reports.
- (b) Reviewing the results of the work of relevant assurers, for example the Care Quality Commission, to determine if the results of the work has an impact on their responsibilities;
- (c) Undertaking any other work that they feel necessary to discharge their responsibilities.

3.4.5 PC24 will provide the external auditor with every facility and all information which they may reasonably require for the purposes of their functions.

3.5 Fraud, Bribery and Corruption

3.5.1 The Chief Executive and Director of Finance are responsible for overseeing and providing strategic management and support for all anti-fraud, bribery and corruption work and shall monitor and ensure compliance with good practice to anti-fraud, bribery and corruption.

3.5.2 Only the Director of Finance may commission the procurement of anti-fraud, bribery and corruption services having sought the approval of the Executive team and of the Audit Committee.

3.5.2 PC24 shall nominate a suitable person to carry out the duties of an Anti-Fraud Specialist.

3.5.3 The Anti-Fraud Lead will ensure a written report is provided to each meeting of the Audit Committee on anti-fraud, bribery and corruption work within PC24.

3.5.3 The Anti-Fraud Specialist shall report to the Director of Finance.

3.5.4 The Director of Finance is responsible for providing detailed procedures to enable PC24 to minimise and where possible to eliminate fraud and corruption. These procedures set out action to be taken by persons detecting a suspected fraud and persons responsible for investigating it.

3.5.5 The measures that are put in place shall be sufficient to satisfy all external bodies to whom the PC24 is accountable to, through;

- (a) Encouraging prevention;
- (b) Promoting detection and
- (c) Ensuring investigation and remedial actions are undertaken promptly, thoroughly and effectively.

3.5.6 Proven instances of fraud, bribery and corruption should be considered as gross misconduct.

3.5.7 It is expected that all officers shall act with the utmost integrity, ensuring adherence to all relevant regulations and procedures. It is the responsibility of the Director of Finance to produce and issue these to the appropriate Directors and Managers who should ensure that all staff have access to these.

3.5.8 All members of the Board, severally and collectively, are responsible for ensuring PC24's resources are appropriately protected from fraud, bribery and corruption. 1.5.9 It will be the duty of any Officer having evidence of, or reason to suspect, financial or other irregularities or impropriety in relation to these instructions, which involve evidence or suspicion of fraud, bribery or corruption, to report these suspicions to the Director of Finance.

3.6 Prevention

The Director of Finance is responsible for ensuring that steps are taken at the recruitment stage to establish, as far as possible, the previous record of potential officers in terms of their propriety and integrity.

3.6.1 Staff are expected to act in accordance with the SFI's, following the guidance on the receipt of gifts and hospitality.

3.6.2 Non-Executive Directors are subject to the same high standards of accountability and are required to declare and register any interests which might potentially conflict with those of PC24.

3.6.3 The Anti-Fraud Specialist shall be informed of all suspected or detected fraud so that they can consider the adequacy of the relevant controls, and evaluate the implication of fraud for their opinion on the system of risk management, control and governance.

3.7 Detection and Resulting Action

3.7.1 Staff are encouraged to raise any concerns they may have regarding suspected fraud and/or corruption. They can do this through:

- (a) Their line manager,
- (b) Internal Audit,
- (c) The Director of Finance,
- (d) The Anti-Fraud Specialist or
- (e) The NHS Counter Fraud Authority.

3.7.2 The Director of Finance is responsible for ensuring that action is taken to investigate any allegations of fraud or corruption through the Anti-Fraud Specialist.

3.7.3 Senior Managers are expected to deal firmly and promptly and in accordance with PC24's disciplinary procedure with anyone who attempts to defraud PC24 or who acts in a corrupt manner.

3.7.4 Any abuse of the procedures, such as unfounded or malicious allegations, is itself subject to full investigation and appropriate disciplinary action.

3.8 Security Management

3.8.1 The Chief Executive will delegate the responsibility for security management and will ensure that processes for monitoring and compliance are in place.

4. BUSINESS PLANNING, BUDGETS AND BUDGETARY CONTROL

4.1 Preparation and Approval of Business Plans and Budgets

The Chief Executive shall delegate the preparation PC24's budget, for approval by the Board of Directors.

4.1.1 The Delegated Officer will, on behalf of the Chief Executive, compile and submit to the Board of Directors an annual budget.

4.1.2 PC24 will prepare information as to its forward planning in respect of each financial year to the Board. This information will be prepared by the Directors, who must have regard to the views of the budget holders.

4.1.3 Prior to the start of the financial year the Director of Finance will, on behalf of the Chief Executive, prepare and submit income and expenditure budgets and reports thereon, for approval by the Board. Such budgets will:

- (a) Be in accordance with the aims and objectives set out in the business plan;
- (b) Accord with workload and workforce plans;
- (c) Be produced following discussion with appropriate budget holders;
- (d) Be prepared within the limits of available funds;
- (e) Identify potential financial risks and opportunities.

4.1.4 The Director of Finance shall monitor financial performance against financial targets, the Director of Service Delivery will monitor activity and other performance targets.

4.1.5 Employees/Officers shall provide the relevant Directors with all financial, statistical and other relevant information as necessary, for the compilation of such budgets, plans, estimates and forecasts.

4.1.6 The Director of Finance has a responsibility to ensure that adequate training is delivered on an on-going basis to budget holders to help them manage budgets successfully.

4.1.7 The Director of Finance will keep the Chief Executive and the Board informed of the financial consequences of changes in policy, pay awards, inflation and other events and trends affecting the financial position of PC24.

4.2 Budgetary Delegation

The Chief Executive and all delegated budget holders must not exceed the budgetary totals set by the Board of Directors in the Annual Plan.

4.2.1 The Chief Executive may delegate the management of a budget to permit the performance of a defined range of activities. This delegation must be in writing and be accompanied by a clear definition of:

- (a) The amount of the budget;
- (b) The purpose(s) of each budget heading;
- (c) Individual and group responsibilities;
- (d) Authority to exercise virement;
- (e) Achievement of planned levels of service;
- (f) The provision of regular reports.

4.2.2 Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.

4.2.3 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive.

4.3 Budgetary Control and Reporting

4.3.1 The Director of Finance will devise and maintain systems of budgetary control. These will include:

- (a) Monthly financial reports to the Board in a form approved by the Board containing:
 - (i) Financial performance against delegated budgets;
 - (ii) Financial performance against contracts by exception
 - (iii) Summary cashflow
 - (iv) Summary balance sheet;
 - (v) Capital project spend and projected outturn against plan;
 - (vi) Explanations of any material variances that explain any movement from the planned retained surplus/deficit at the end of the current month position;
 - (vii) Details of any corrective action where necessary and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;
 - (viii) Key performance indicators;
 - (ix) Financial risk and mitigating actions.
- (b) The issue of timely, accurate and comprehensible advice and financial reports to each budget holder, covering the areas for which they are responsible;

- (c) Investigation and reporting of variances from financial, workload and manpower budgets;
- (d) Monitoring of management action to correct variances; and
- (e) Arrangements for the authorisation of budget transfers.

4.3.2 Each Budget Holder is responsible for ensuring that:

- (a) Any likely overspending or reduction of income which cannot be met by virement is not incurred without the prior consent of the Director of Finance;
- (b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised subject to the rules of virement;
- (c) No permanent employees/officers are appointed above the funded establishment unless approved by the Executive Team through the resource request process.
- (d) The systems of budgetary control established by the Director of Finance are complied with fully.

4.4 Capital Expenditure

4.4.1 The general rules applying to delegation and reporting shall also apply to capital expenditure.

4.4.2 The Board shall approve any substantial capital plans for PC24.

4.4.3 The Director of Finance shall ensure that regular reports to the Board are prepared, containing:

- Progress reports on capital expenditure
- Monitoring of expenditure against substantial plans
- Explanations of any changes to the programme.

4.5 Financial Performance Monitoring

4.5.1 The Chief Executive is responsible for ensuring that:

- (a) Financial performance measures have been defined and are monitored;
- (b) Reasonable targets have been identified for these measures;
- (c) A robust system is in place for managing performance against the targets;
- (d) Reporting lines are in place to ensure overall performance is managed;
- (e) Arrangements are in place to manage/respond to adverse performance.

5 ANNUAL ACCOUNTS AND REPORTS

5.1 The Director of Finance, on behalf of PC24, will:

- (a) Keep accounts, and in respect of each financial year must prepare annual accounts, in such form as the Independent Regulator may, with the approval of the Treasury, direct.
- (b) Ensure that, in preparing the annual accounts, PC24 complies with any directions given by the Independent Regulator with the approval of the Treasury as to:
 - (i) The methods and principles according to which the accounts are to be prepared; and
 - (ii) The information to be given in the accounts.
- (c) Ensure that a copy of the annual accounts and any report of the external auditor on them, are sent to the Independent Regulator, within the prescribed timetable.

6 BANK ACCOUNTS

6.1 General

6.1.1 The Director of Finance is responsible for managing PC24's banking arrangements and for advising the PC24 on the provision of banking services and operation of accounts.

6.1.2 The Board shall approve the banking arrangements.

6.2 Bank Accounts

6.2.1 The Director of Finance is responsible for:

- (a) Bank accounts;
- (b) Reporting to the Board of Directors all arrangements made with the PC24's bankers for accounts to be overdrawn or loan approval.
- (d) No employee/officer other than the Director of Finance, or in his/her absence his/her authorised deputy, shall open a bank account in the name of PC24.

- (e) All funds will be held in accounts in the name of PC24.

6.3 Banking Procedures

6.3.1 The Director of Finance will prepare detailed instructions on the operation of bank accounts which must include:

- (a) The conditions under which each bank account is to be operated;
- (b) The limit to be applied to any overdraft; and
- (c) Those authorised to sign cheques or other orders drawn on PC24's accounts.

6.3.2 The Director of Finance must advise PC24's bankers in writing of the conditions under which each account will be operated.

6.4 Tendering and Review

6.4.1 The Director of Finance will review the banking arrangements of PC24 at regular intervals not exceeding five years, to ensure they reflect best practice and represent best value. Following such reviews, the Director of Finance shall determine whether or not to seek competitive tenders for the PC24's banking business.

6.4.2 The results of such reviews will be reported to the Audit Committee.

7 INCOME, FEES AND CHARGES AND SECURITY OF CASH, CHEQUES AND OTHER NEGOTIABLE INSTRUMENTS

7.1 Income Systems

7.1.1 The Director of Finance is responsible for designing, maintaining and ensuring compliance with procedures for the proper recording, invoicing, collection and coding of all income due.

7.1.2 The Director of Finance is also responsible for arranging the facilities to effect prompt banking of all monies received.

7.1.3 The Director of Finance will ensure that any restrictions on income imposed by the Independent Regulator will be complied with.

7.2 Fees and Charges

7.2.1 The Director of Finance is responsible for approving and regularly reviewing the level of all fees and charges. Independent professional advice on matters of valuation shall be taken as necessary.

7.2.2 All employees must inform the Director of Finance promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

7.2.3 Employees must obtain the approval to income generation schemes prior to implementation in line with the Scheme of Delegation.

7.3 Income Contract and Contract Variation Approval and Signing

7.3.1 Approval limits apply to the signing of income (sales) contracts and contract variations, excluding service level agreements and memoranda of understanding (MOU) as per the Scheme of Delegation.

7.3.2 The appropriate signing level for contract variations will be determined by considering the revised whole life value of the contract, including the variation.

7.4 Debt Recovery

7.4.1 The Director of Finance is responsible for ensuring systems are in place for the appropriate and timely recovery action on all outstanding debts.

7.4.2 Income not received should be dealt with in accordance with losses and special payments procedures.

7.4.3 Overpayments should be detected (or preferably prevented) and recovery initiated in accordance with the procedure.

7.5 Security of Cash, Cheques and other Negotiable Instruments

7.5.1 The Director of Finance is responsible for:

- (a) Approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
- (b) Ordering and securely controlling any such stationery;
- (c) the provision of adequate facilities and systems for officers whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines;

(d) Prescribing systems and procedures for handling cash and negotiable securities on behalf of PC24.

7.5.2 Official money shall not under any circumstances be used for the encashment of private cheques.

7.5.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved in writing by the Director of Finance.

7.5.4 The holders of safe keys shall not accept unofficial funds for depositing in their safes unless such deposits are in special sealed envelopes or locked containers.

7.5.5 Where cash collection is undertaken by an external organisation, this shall be subject to such security and other conditions as required by the Director of Finance.

7.5.6 Any loss or shortfall of cash, cheques or other negotiable instruments, however occasioned shall be reported immediately in accordance with the agreed procedure for reporting losses (see also SFI– Disposals and Condemnations, Losses and Special Payments). Any loss or surplus of cash should be immediately reported to the Director of Finance.

7.5.7 All payments made on behalf of PC24 to third parties should normally be made using the Bankers Automated Clearing System (BACS), or by crossed cheque and drawn in accordance with these instructions, except with the agreement of the Director of Finance, as appropriate, who shall be satisfied about security arrangements. Uncrossed cheques shall be regarded as cash.

7.5.8 Where appropriate, arrangements shall be made for the use of secure electronic payment methods to support e-commercial activities. This may include the use of procurement cards, direct debit cards and in limited circumstances, eBay trading accounts.

8 CONTRACTS WITH COMMISSIONERS/OTHER BODIES

8.1 Negotiating Contracts

8.1.1 The Chief Executive is accountable for negotiating contracts with commissioners for the provision of services to patients.

8.2 Contractual Standards

8.2.1 Contracts with commissioners are legally binding and shall comply with best costing practice and shall be so devised as to minimise risk whilst maximising PC24's opportunity to generate income.

8.3 Executive Team support

8.3.1 In carrying out these functions, the Chief Executive should take into account the advice of Directors regarding:

- Costing and pricing of services;
- Payment terms and conditions;
- Billing systems and cash flow management;
- The contract negotiating process and timetable;
- The provision of contract data;
- Activity profiling
- Contract monitoring arrangements;
- Amendments to contracts and
- Any other matters relating to contracts of a legal or non-financial nature.

8.4 Contract Monitoring

8.4.1 The Director of Service Delivery and the Director of Finance shall produce regular reports detailing actual and forecast service activity income with a detailed assessment of the impact of the variable elements of income.

8.5 Contracts with other organisations

8.5.1 Contracts with other bodies for the provision of patient care services must follow the guidance for contracts with commissioners above as far as this is relevant to the service being provided.

8.6 Non-Patient Care contracts

8.6.1 Contracts with other bodies for the provision of services other than patient care shall be subject to formal agreement which clearly sets out the specified service to be provided and the remuneration expected. Default clauses and appropriate resolutions must be included as part of the contract documentation.

9 TERMS OF SERVICE AND PAYMENT OF DIRECTORS AND EMPLOYEES

9.1 Remuneration and Terms of Service

9.1.1 The Board should formally agree and record in the minutes of its meetings, the precise terms of reference of the Nominations and Remuneration Committee (The Committee), as defined by the Rules of the Society

9.1.2 The Committee will:

a) determine on behalf of the Board of Directors the remuneration and terms of service for the Chief Executive and other Executive Directors to ensure they are fairly rewarded for their individual contribution to PC24 - having proper regard to PC24's circumstances and performance for such staff where appropriate, including;

(i) All aspects of salary (including any performance-related elements/bonuses);

(ii) Provisions for other benefits, including pensions and cars;

(iii) Arrangements for appointment and termination of employment and other contractual terms;

(b) Advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments.

9.1.3 The Committee has full powers of decision over those matters within its remit. Minutes of the Board of Director's meetings should record such decisions and a minute book will be kept by the PC24 Company Secretary.

9.1.4 The Board will consider and, where appropriate, approve proposals presented by the Chief Executive for the setting of remuneration and conditions of service for those employees not covered by the Committee.

9.1.5 The PC24 Board will consider and approve remuneration of the Chair, in the absence of the Chair.

9.1.6 Non-Executive remuneration will be reviewed on a three yearly cycle, with the approval of the Chair and Executive Directors.

9.2 Funded Establishment

9.2.1 The workforce plans incorporated within the annual budget will form the funded establishment.

9.2.2 The funded establishment of any department may only be varied with the approval of the Vacancy Control Process.

9.3 Staff Appointments

9.3.1 No director or employee may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration:

- (a) Unless authorised to do so through the Vacancy Control Process and scheme of delegation.
- (b) Within the limit of the approved pay budget and funded establishment.

9.4 Processing Payroll

9.4.1 The Director of Finance is responsible for:

- (a) Specifying timetables for submission of properly authorised time records and other notifications;
- (b) The final calculation of pay;
- (c) Making payment on agreed dates;
- (d) Agreeing method of payment.

9.4.2 The Director of Finance will issue instructions regarding:

- (a) Verification and documentation of data;
- (b) The timetable for receipt and preparation of payroll data and the payment of employees;
- (c) Maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
- (d) Security and confidentiality of payroll information;
- (e) Checks to be applied to completed payroll before and after payment;
- (f) Authority to release payroll data under the provisions of relevant statutory Acts;
- (g) Methods of payment available to various categories of employee;
- (h) Procedures for payment by cheque, bank credit, or cash to employees;
- (i) Procedures for the recall of cheques and bank credits;
- (j) Pay advances and their recovery;
- (k) Maintenance of regular and independent reconciliation of pay control accounts;
- (l) Separation of duties of preparing records and handling cash; and
- (m) A system to ensure the recovery from those leaving the employment of the organisation of any sums of money and property due by them to PC24.

9.4.3 Appropriately nominated managers have delegated responsibility for:

- (a) Submitting time records, and other notifications in accordance with agreed timetables;

(b) Completing time records and other notifications in accordance with the Director of Finance's instructions and in the form prescribed by the Director of Finance;

(c) Submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Director of Finance must be informed immediately.

9.4.4 Regardless of the arrangements for providing the payroll service, the Director of Finance shall ensure that the chosen method is supported by appropriate (contracted) terms and conditions, adequate internal controls and audit review procedures and that suitable arrangements are made for the collection of payroll deductions and payment of these to appropriate bodies.

9.4.5 The above paragraphs relate to the payment of staff employed within PC24. In the event of PC24 providing a Payroll service to any other organisation it will be necessary for the Director of Finance to have prepared a contract to cover the operation of the service provided.

9.5 Contracts of Employment

9.5.1 It is the responsibility of the Director of Finance for:

(a) Ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation;

(b) Dealing with variations to, or termination of, contracts of employment.

10 NON-PAY EXPENDITURE

10.1 Delegation of Authority

10.1.1 The Board of Directors will approve the level of non-pay expenditure as part of the annual budget and the Chief Executive will determine the level of delegation to appropriate managers prior to the start of the financial year to which the budget relates.

10.1.2 The Chief Executive will set out (see Scheme of Delegation):

(a) The list of managers who are authorised to place requisitions for the supply of goods and services; and

(b) The maximum level of each requisition and the system for authorisation above that level.

10.1.3 The Director of Finance shall set out procedures on the seeking of professional advice regarding the supply of goods and services.

10.2 Choice, Requisitioning, Ordering, Receipt and Payment for Goods and Services

10.2.1 Requisitioning

The requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for PC24. In so doing, the advice of an adviser on supply shall be sought and taken unless in exceptional circumstances. Wherever appropriate, the supply of goods and services shall be covered by a contract following a tender exercise.

10.2.2 System of Payment and Payment Verification

PC24's Chief Executive shall be responsible for ensuring that the PC24 complies with all applicable laws in relation to choice, requisitioning, ordering and receipt for goods and services. The Director of Finance shall be responsible for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms.

10.2.3 In relation to supplies to, and disposals by, PC24, the Chief Executive will:

- (a) Advise the Board regarding the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; (and, once approved, the thresholds should be incorporated in the Scheme of Delegation and regularly reviewed). When applied to leases or recurring service contracts the limits above will be applied to the total costs over the term of the lease or contract.
- (b) Prepare procedural instructions or guidance within the Scheme of Delegation on the obtaining of goods, works and services incorporating the thresholds;
- (c) Be responsible for the prompt payment of all properly authorised accounts and claims;
- (d) Be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable. The system shall provide for:
 - (i) A list of directors/officers (including specimens of their signatures) authorised to certify invoices.
 - (ii) Certification that:
 - Goods have been duly received, examined and are in accordance with specification and the prices are correct;
 - Work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;
 - In the case of contracts based on the measurement of time or expenses, the time charged is in accordance with the time sheets, the rates of labour are in accordance with the appropriate rates, the materials have been checked as regards quantity, quality, and price and the charges for the use of vehicles, plant and machinery have been examined;

- Where appropriate, the expenditure is in accordance with regulations and all necessary authorisations have been obtained;
- The account is arithmetically correct;
- The account is in order for payment.

(iii) A timetable and system for submission to the Director of Finance of accounts for payment; provision shall be made for the early submission of accounts subject to cash discounts or otherwise requiring early payment.

(iv) Instructions to employees regarding the handling and payment of accounts within the Finance Department.

(e) Be responsible for ensuring that payment for goods and services is only made once the goods and services are received (except as below).

(f) Be responsible for ensuring that value added tax (VAT) is correctly accounted for.

Prepayments are only permitted with the approval of the Director of Finance or his/her authorised Deputy and where exceptional circumstances apply.

10.2.4 Official orders

Official Orders must:

- (a) Be consecutively numbered;
- (b) Be in a form approved by the Director of Finance;
- (c) State PC24's terms and conditions of trade; and
- (d) Only be issued to, and used by, those duly authorised by the Chief Executive.

10.2.5 Duties of Managers and Officers

All staff must ensure that they comply fully with the guidance and limits specified by the Director of Finance and that:

- (a) All contracts, leases, tenancy agreements and other commitments which may result in a liability are notified to the Director of Finance in advance of any commitment being made;
- (b) Contracts above specified thresholds are advertised and awarded in accordance with current national and European legislation;
- (c) No order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors or employees, other than:
 - (i) Isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars, the value not to exceed the sums detailed in the acceptance of gifts and hospitality section;
 - (ii) Conventional hospitality, such as lunches in the course of working visits, as detailed in the gifts and hospitality Policy;

(d) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Director of Finance on behalf of the Chief Executive;

(e) All goods, services, or works are ordered on an official order except works and services executed in accordance with a contract and purchases from petty cash and purchased using a purchasing card;

(f) Verbal orders must only be issued very exceptionally - via the Finance Department and only in cases of emergency or urgent necessity. These must be confirmed by an official order within two working days and clearly marked "Confirmation Order";

(g) Orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;

(h) Goods are not taken on trial or loan in circumstances that could commit the PC24 to a future uncompetitive purchase;

(i) Changes to the list of directors/officers authorised to certify invoices are notified to the Director of Finance;

(j) Purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Director of Finance; and

(k) Petty cash records are maintained in a form as determined by the Director of Finance.

10.2.6 The technical audit of building and engineering contracts shall be the responsibility of the relevant Director.

10.2.7 The Director of Finance shall ensure that systems and processes are in place to identify and discharge all relevant tax liabilities.

11 TENDERING AND CONTRACTING PROCEDURE

11.3 Formal Competitive Tendering

11.3.1 General Applicability

PC24 shall ensure that competitive tenders are invited for the supply of goods, materials and manufactured articles and for the rendering of services including all forms of management consultancy services; for the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens); and for disposals in accordance with relevant advice.

11.3.2 Formal tendering procedures may be waived by officers to whom powers have been delegated by the Chief Executive without reference to the Chief Executive where:

(a) The estimated expenditure or income does not, or is not reasonably expected to exceed the levels set out in the Scheme of Delegation;

- (b) The timescale genuinely precludes competitive tendering. Failure to plan the work properly is not justification for a single tender; or
- (c) Specialist expertise is required and is available from only one source; or
- (d) The task is essential to complete the project and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate; or
- (e) There is a clear benefit to be gained from maintaining continuity with an earlier project. However in such cases the benefits of such continuity must outweigh any potential financial advantage to be gained by competitive tendering;

11.3.3 The limited application of the single tender rules should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure.

11.3.4 Where it is decided that competitive tendering is not applicable and should be waived by virtue of (b) to (e) above, the fact of the waiver and the reasons should be documented and reported to the Audit Committee in a formal meeting.

11.3.5 The Board shall ensure that delegated arrangements are in place so that invitations to tender are sent to a sufficient number of firms/individuals to provide fair and adequate competition as appropriate, and normally not less than three firms/individuals, having regard to their capacity to supply the goods or materials or to undertake the services or works required.

11.4 Quotations

11.4.1 Quotations are required where formal tendering procedures are waived or where the intended expenditure or income exceeds the level set out in the Scheme of Delegation.

11.4.2 Where quotations are required they should be obtained from at least 3 firms/individuals on specifications or terms of reference prepared by, or on behalf of, the Board.

11.4.3 Quotations should be in writing unless the Chief Executive or their nominated officer determines that it is impractical to do so in which case quotations may be obtained by telephone. Written confirmation of a telephone quotation should be obtained as soon as possible and the reasons why the telephone quotation was obtained should be set out in a permanent record.

11.4.4 All quotations should be treated as confidential and should be retained for inspection.

11.4.5 The Chief Executive or their nominated officer should evaluate the quotation and select the quote which gives the best value for money. If this is not the lowest then this fact and the reasons why the lowest quotation was not chosen should be recorded in a permanent record.

11.4.6 Non-competitive quotations in writing may be obtained in the following circumstances:

- a) the supply of goods/services of a special character for which it is not, in the opinion of the Chief Executive or their nominated officer, possible or desirable to obtain competitive quotations;
- b) the goods/services are required urgently.

11.5 Where competitive tendering or a competitive quotation is not required

11.5.1 PC24 may make purchases against any existing national contract for the provision of goods and services as negotiated by the NHS Shared Business Services unless the Chief Executive or nominated officers deem it inappropriate. The decision to use alternative sources must be documented.

11.5.2 The Chief Executive shall be responsible for ensuring that best value for money can be demonstrated for all services provided under contract or in-house. The Board may also determine from time to time that in-house services should be market tested by competitive tendering.

11.6 Contracts

11.6.1 PC24 may only enter into contracts within its statutory powers and shall comply with:

- (a) PC24's Standing Financial Instructions; (b) any relevant guidance including that issued by the Independent Regulator.

11.6.2 Where appropriate contracts shall be in or embody the same terms and conditions of contract as was the basis on which tenders or quotations were invited.

11.6.3 The Chief Executive shall nominate an officer who shall oversee and manage each contract on behalf of PC24.

11.7 Personnel and Agency or Temporary Staff Contracts

11.7.1 The Chief Executive shall nominate officers with delegated authority to enter into contracts of employment of other officers, to authorise regrading staff and enter into contracts for the provision of agency staff or temporary staff.

11.8 Cancellation of Contracts

11.8.1 The Chief Executive shall ensure that every written contract shall include a clause empowering PC24 to cancel the contract and to recover from the contractor the amount of any loss resulting from such cancellation if;

- (a) the contractor shall have offered, or given or agreed to give, any person any gift or consideration of any kind as an inducement or reward in relation to the obtaining or execution of the contract or any other contract with PC24, or for showing or forbearing to show favour or disfavour to any person in relation to the contracts or any other contract with PC24; or
- (b) The like acts shall have been done by any person employed by them or acting on their behalf (whether with or without the knowledge of the contractor); or
- (c) In relation to any contract with PC24 the contractor or any person employed by him/her or acting on their behalf shall have committed any offence under the Prevention of Corruption Acts 1889 and 1916 and other appropriate legislation.

11.9 Determination of Contracts for Failure to Deliver Goods or Materials

11.9.1 There shall be inserted into every written contract for the supply of goods or materials a clause to secure that, should the contractor fail to deliver the goods or materials or any portion thereof within the time or times specified in the contract, PC24 may, without prejudice, determine the contract either wholly or to the extent of such default and purchase other goods or material of similar description to make good:

Such a default; or

b) In the event of the contract being wholly determined the goods or materials remaining to be delivered.

11.9.2 The clause should further secure that the amount by which the cost of so purchasing other goods or materials exceeds the amount which would have been payable to the contractor in respect of the goods or materials shall be recoverable from the contractor.

11.10 Disposals

11.10.1 Competitive tendering or quotation procedures shall not apply to the disposal of:

a) any matter in respect of which a fair price can be obtained only by negotiation or sale by auction as determined (or pre-determined in a reserve) by the Chief Executive or his/her nominated officer) obsolete or condemned articles and stores, which may be disposed of in accordance with PC24 Policy.

c) Items to be disposed of with an estimated sale value as detailed in the Scheme of Delegation.

d) Items arising from works of construction, demolition or site clearance, which should be dealt with in accordance with the relevant contract.

- e) Land or buildings concerning which guidance has been issued by an Independent Regulator but subject to compliance with such guidance.

12 EXTERNAL BORROWING AND INVESTMENTS

The Finance Director will be responsible for the management of PC24's cash flow.

12.1 External Borrowing

The Director of Finance is responsible for securing Board approval for all loans or working capital facilities. All major finance leases must be approved by the Board of Directors, in line with the scheme of delegation

12.1.1 The Board of Directors will monitor PC24s financing arrangements.

12.1.2 The Director of Finance will secure the most preferential interest rates for borrowing.

12.1.3 The Director of Finance will advise the Board of Directors concerning the PC24's ability to pay interest on, and repay, both the originating capital debt and any proposed new borrowing.

12.1.4 Any application for new borrowing will only be made by the Finance Director or by an employee so delegated by him/her.

12.1.5 The Director of Finance must prepare detailed procedural instructions concerning applications for new borrowing.

12.1.6 The Director of Finance is responsible for reporting periodically to the Board concerning the originating debt and all loans, overdrafts and associated interest.

12.2 Investments

12.2.1 The Board approves the Treasury Management Strategy within guidance and best practice.

12.2.2 The Director of Finance will prepare detailed procedural instructions on the operation of investment accounts and on the records to be maintained.

12.2.3 The Director of Finance must ensure that all covenants attached to borrowings by the lender are adhered to.

13 CAPITAL INVESTMENT AND FIXED ASSETS

13.1 Capital Investment

13.1.1 The Chief Executive:

- (a) Shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;
- (b) Is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- (c) Shall ensure that the capital investment is not undertaken without the availability of resources to finance all revenue consequences.
- (d) Shall not commit to capital expenditure without confirmation of the availability of cash.

13.1.2 For every capital expenditure proposal to be funded from the PC24's own resources, a business case should be prepared in accordance with a scheme of delegation issued by the Chief Executive on the advice of the Director of Finance. The Director of Finance shall have discretion to lower this limit where the nature of the proposal has a significant impact on activity levels or financial commitments. The Chief Executive shall ensure:

- (a) that a business case is produced setting out:
 - (i) an option appraisal of potential benefits compared with known costs to determine the option with the highest ratio of benefits to costs;
 - (ii) appropriate project management and control arrangements;
- (b) that the business case has been certified as follows:
 - (i) by the Director of Finance to indicate endorsement of the cost and activity assumptions and to demonstrate financial concurrence; and
 - (ii) by the Chief Executive or the Director of Operations and Performance to indicate endorsement of the operational assumptions.
- (c) that a business case is submitted to and approved by the Board of Directors in line with the Scheme of Delegation; and
- (d) that all proposals to lease, hire or rent fixed assets have been subject to appraisal of their impact on the PC24's ability to achieve its financial targets and subject to legal advice, from PC24's legal advisor, on the terms of the proposed contract.

13.1.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management.

13.1.4 The Director of Finance shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

13.1.5 The approval of a capital programme shall not constitute approval for expenditure on any scheme.

The Chief Executive, or the Director of Finance on his/her behalf, shall issue to the delegated manager (see Scheme of Delegation) responsible for any scheme:

- (a) specific authority to commit expenditure;

- (b) authority to proceed to tender;
- (c) approval to accept a successful tender.

The Chief Executive will issue a scheme of delegation for capital investment management in accordance with the Standing Financial Instructions.

13.1.6 The Director of Finance shall issue procedures governing the financial management, including variations to contract, of capital investment projects and valuation for accounting purposes.

13.2 Asset Registers

13.2.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Director of Finance concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted.

13.2.2 The Chief Executive is responsible for the maintenance of a publicly available property register recording protected property, in accordance with the guidance issued by the Independent Regulator.

13.2.3 The Director of Finance shall approve procedures for reconciling balances on protected property accounts in ledgers against balances on protected property asset registers.

13.2.4 PC24 will value its assets in accordance with guidance.

13.2.5 Unless the Independent Regulator otherwise directs only non-protected assets may be used as collateral to raise funds.

13.3 Security of Assets

13.3.1 The overall control of fixed assets is the responsibility of the Chief Executive advised by the Director of Finance for the accounting aspects and the Director of Operations for the physical management and control.

13.3.2 Asset control procedures (including protected property, non-protected assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Director of Finance and the Director of Operations. This procedure shall make provision for:

- (a) Recording managerial responsibility for each asset;
- (b) Identification of additions and disposals;
- (c) Identification of all repairs and maintenance expenses;
- (d) Physical security of assets;
- (e) Identification and reporting of all costs associated with the retention of an asset;

(f) The asset replacement policy

(g) Reporting, recording and safekeeping of cash, cheques, and negotiable instruments.

13.3.3 All discrepancies revealed by verification of physical assets to fixed asset register must be notified to the Director of Finance.

13.3.4 Whilst each employee has a responsibility for the security of property of PC24, it is the responsibility of directors and senior employees in all disciplines to apply such appropriate routine security practices in relation to PC24 property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed instructions.

13.3.5 Any damage to PC24's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by directors and employees in accordance with the procedure for reporting losses.

13.3.6 Where practical, assets should be marked as PC24 property.

14 STORES AND RECEIPT OF GOODS

14.1 The Director of Operations in conjunction with the Director of Finance shall set out procedures and systems to regulate stores (defined as controlled and accountable) including:

- (a) Records for receipt of goods, issues, and returns to stores;
- (b) Stocktaking arrangements;
- (c) The review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles.

14.2 Responsibility for the control of stores is set out in the Scheme of Delegation.

14.3 The responsibility for security arrangements and the custody of keys for all stores and locations shall be clearly defined in writing by the designated manager. Wherever practicable, stocks should be marked as health service property.

14.4 Subject to the responsibility of the Director of Finance for the systems of control, overall responsibility for the control of stores shall be delegated to an officer by the Chief Executive. The day-to-day responsibility may be delegated by him to departmental officers and stores managers/keepers, subject to such delegation being entered in a record available to the Director of Finance. The control of Pharmaceutical stocks shall be the responsibility of a designated Officer; the control of fuel oil of a designated officer.

15 DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

15.1 Disposals and Condemnations

15.1.1 Procedures

The Director of Finance, in conjunction with the Director of Operations and Performance, must prepare detailed procedures for the disposal of assets including condemnations, scrap materials and items surplus to requirements and ensure that these are notified to managers.

15.1.2 When it is decided to dispose of a PC24 asset, the Head of Department or authorised deputy will approach the Finance Department to determine and advise the Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

15.1.3 PC24 may not dispose of any protected property. Property must first be unprotected with the approval of the Board of Directors and in line with the guidance issued by the Independent Regulator.

All unserviceable articles shall be:

- (a) Condemned or otherwise disposed of by an employee authorised for that purpose by the Director of Finance;
- (b) Recorded by the Condemning Officer in a form approved by the Director of Finance which will indicate whether the articles are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second employee authorised for the purpose by the Director of Finance.

15.1.4 The Condemning Officer shall satisfy himself as to whether or not there is evidence of negligence in use and shall report any such evidence to the Director of Finance who will take the appropriate action.

15.2 Losses and Special Payments

15.2.1 Procedures

The Director of Finance must prepare procedural instructions on the recording of and accounting for condemnations, losses, and special payments.

15.2.2 An employee discovering or suspecting a loss of any kind must immediately inform their Head of Department, the Head of Internal Audit, the Local Counter Fraud Specialist or, if no other route is appropriate, the Chief Executive. The Head of Department or the Head of Internal Audit must immediately inform the Director of Finance. If theft or arson is involved, the Head of Department must inform the police immediately. In cases where the speed of response from the police is of the essence, such as a crime in progress, employees may

contact the police directly, but must inform, immediately thereafter, their Head of Department, who must then inform the Director of Finance promptly. Out of office hours, if the Head of Department is not on duty, the manager on-call should be contacted.

15.2.3 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if judged trivial by the Director of Finance, the Director of Finance must immediately notify:

- (a) The Chief Executive,
- (b) The Local Counter Fraud Specialist.

15.2.4 Within limits established by PC24, the Board of Directors may consider and if thought fit, shall approve the writing-off of losses (as per the Scheme of Delegation).

15.2.6 The Director of Finance shall approve all special payments made to staff where legal advice has been taken and a compensation payment is deemed appropriate.

15.2.7 The Director of Finance shall take any necessary steps to safeguard PC24's interests in bankruptcies and company liquidations.

15.2.8 For any loss, the Director of Finance, as appropriate, should consider whether any insurance claim can be made against insurers.

15.2.9 The Director of Finance shall maintain a Losses and Special Payments Register in which write-off action, losses and special payments are recorded.

16 INFORMATION TECHNOLOGY

16.1 Responsibilities and duties of the Director of Service Delivery

16.1.1 The Director of Finance, who is responsible for the accuracy and security of the computerised financial data of the PC24, shall:

- (a) Devise and implement any necessary procedures to ensure adequate (reasonable) protection of the PC24's data, programmes and computer hardware for which he/she is responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Data Protection Act;
- (b) Ensure that adequate (reasonable) controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- (c) Ensure that adequate controls exist such that the computer operation is separated from development, maintenance and amendment;

(d) Ensure that an adequate management (audit) trail exists through the computerised system and that such computer audit reviews as he/she may consider necessary are being carried out.

16.1.2 The Director of Service Delivery shall satisfy himself/herself that new financial systems and amendments to current financial systems (including those obtained by external agency arrangements) are developed in a controlled manner and thoroughly tested prior to implementation. Where this is undertaken by another organisation, assurances of adequacy will be obtained from them prior to implementation.

16.2 Responsibilities and duties of other Directors and Officers in relation to computer systems of a general application

16.2.1 In the case of computer systems which are proposed General Applications (i.e. normally those applications which other Health Organisations in the Region wish to sponsor jointly) all responsible directors and employees will send to the Director of Service Delivery:

- (a) Details of the outline design of the system;
- (b) In the case of packages acquired either from a commercial organisation, from the NHS, or from another public sector organisation, the operational requirement.

16.3 Contracts for Computer Services with other health bodies or outside agencies

The Director of Service Delivery shall ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes.

Where another health organisation or any other agency provides a computer service for financial applications, the Director of Service Delivery shall periodically seek assurances that adequate controls are in operation.

16.4 Requirements for Computer Systems which have an impact on corporate financial systems

Where computer systems have an impact on corporate financial systems the Director of Finance in conjunction with the relevant Director shall satisfy themselves that:

- (a) Systems acquisition, development and maintenance are in line with corporate policies such as an Information Technology Strategy;
- (b) Data produced for use with financial systems is adequate, accurate, complete and timely, and that a management (audit) trail exists;
- (c) Finance staff have access to such data; and
- (d) Such computer audit reviews as are considered necessary are being carried out.

17 RETENTION OF DOCUMENTS

17.1 The Company Secretary will be responsible for updating the Records Management Policy in compliance with the records management NHS Code of Practice and will ensure compliance against the policy.

17.2 The documents held in archives must be capable of retrieval by authorised persons.

17.3 Documents so held shall only be destroyed in accordance with the Policy.

18 RISK MANAGEMENT AND INSURANCE

18.1 Programme of Risk Management

18.1.1 The Chief Executive will ensure that risk management will be approved and monitored by the Board via a Board Assurance Framework.

The Board Assurance Framework and associated policies shall include:

- a) A process for identifying and quantifying risks and potential liabilities;
- b) The authority of all managers with regard to managing the control and mitigation of risk;
- c) Management processes to ensure all significant risks and potential liabilities are addressed including effective systems of internal control, cost effective insurance cover, and decisions on the acceptable level of retained risk;
- d) Contingency plans to offset the impact of adverse events;
- e) Audit arrangements including Internal Audit, clinical audit, health and safety reviews and;
- f) Decision on which risks shall be insured through arrangements with commercial insurers;
- g) Arrangements to review the Risk Management strategy.

The existence, integration and evaluation of the above elements will provide a basis to make a statement on the effectiveness of Internal Control within the Strategic report of the Accounts.

18.2 Insurance

18.2.1 On an annual basis, the Director of Finance shall review membership of the insurance arrangements and recommend whether or not to continue with current arrangements

18.2.2 The Director of Finance shall act as the PC24's contact on insurance matters, liaising with Insurance Brokers over queries and negotiating renewal terms.

18.2.3 The Director of Finance will raise claims against policies held in the event of loss to the organisation.

18.2.4 Each officer shall promptly notify the designated officer of all new risks or property under his control, which require to be insured, and of any alterations affecting existing risks or insurances.

18.3.5 The designated officer shall ascertain the amount of cover required and shall affect such insurances as are necessary to protect the interests of PC24.

18.2.6 The Company Secretary shall ensure timely reporting of incidents against insurance provision on the third party liability scheme.

18.2.7 The Company Secretary shall ensure timely reporting of incidents and losses and the submission of claims against insurance provision.

18.3 Clinical Risk Management/CNSGP

18.3.1 The Company Secretary shall:

- a) Provide a central point of contact within the PC24 for Clinical Insurers/CNSGP issues;
- b) Report to Committees on claims.

18.4. Claims from Staff, Patients and the Public

18.4.1 Out of court settlement of claims from staff, patients and the public shall be made where the Insurers considers it appropriate to do so.

19 ACCEPTANCE OF GIFTS AND HOSPITALITY

19.1 Acceptance of Gifts and Hospitality

19.1.1 The acceptance of gifts, hospitality or consideration of any kind from contractors and other suppliers of goods or services as an inducement or reward is not permitted under the Bribery Act 2010.

19.1.2 Gifts and Hospitality of any kind which might reasonably be seen to compromise an employee's personal judgement or integrity and exerting influence to obtain preferential

consideration should be refused. Guidance of Gifts and Hospitality that may be accepted is described in further detail within the PC24 Gifts & Hospitality Policy. Further advice may be sought by the Company Secretary or Director of Finance.

19.2 Private Transactions

19.2.1 Officers having official dealings with contractors or other suppliers of goods or services should avoid transacting any kind of private business with them by means other than normal commercial channels. No favour or preference as regards price or otherwise which is not generally available should be sought or accepted.

20 Scheme of Delegation

Document Details	
Title	Scheme of Delegation
Purpose	This scheme details the levels of delegation the Board gives to individuals and committees
Who is the document aimed at	All Staff

Delegated Matter	Authority Delegated to
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1.	Management of Budgets	
a)	Agreeing Annual Financial Plan	Board
b)	Monitoring of Budgetary Performance	Director of Finance
c)	Budgetary Compliance at individual budget level (pay & non pay)	Budget Managers, Heads of Service (including Head of Department and Practice Managers)
d)	At Service Delivery Unit / Directorate level	Associate/ Deputy Director, Executive Directors
e)	For all other areas	Director of Finance

2.	Budget Virements	
a)	Transfer between budgets	Budget Holder(s) and Head of Finance

3.	Non Pay revenue expenditure Ordering/Payments	
a)	Orders/Payments up to £1,000	Budget Holders
b)	Orders/Payments up to £5,000	Associate/ Deputy Directors
c)	Orders/Payments up to £9,000	Executive Directors
d)	Orders/Payments over £9,000	Chief Executive and Director of Finance

e)	Orders exceeding a 12 month period	In addition to all the above (a - c) with Chief Executive and Director of Finance
f)	Agency Call Off Orders up to £9,000	Heads Of Service
g)	Agency Call Off Orders over £9,000	Exec Directors
h)	Agency Orders up to £9,000	Heads Of Service
i)	Agency Orders over £9,000	Exec Directors

4.	Capital expenditure	
a)	All Orders/Payments	Director of Finance and Budget Holder

5.	Authorised Signatory List	
a)	Creation & Maintenance of authorised signatories	Head of Finance, Director of Finance

6.	Capital Schemes & Leases	
a)	Granting, Termination & Extension to Leases	Chief Executive & Director of Finance

7.	Quotation, Tendering & Contract Procedures	
a)	Obtaining a minimum of 2 quotes (written/electronic) for goods/services between £500 and £5000 over the life of the contract	Budget Holder, Scheme Lead, Head of Finance
b)	Obtaining a minimum of 3 quotes (written/electronic) for goods/services between £5,000 and £25,000 over the life of the contract	Head of Service/ Deputy Director/ Associate Director, Head of Finance
c)	Full open competition tender between £25,000 and £100,000 over the life of the contract	Director of Finance and CEO
d)	Full open competition tender over £100,000 over the life of the contract	Board
e)	Approving spend exceeding the tender price by 10% or £15k (whichever is higher)	Chief Executive, Director of Finance
f)	Waiving of quotations and tenders subject to SFIs	Chief Executive and Head of Finance

8.	Setting of Fee's & Charges	
a)	Costing of New Services / SLAs	Director of Finance, with Budget Holder input
b)	Review of Service/SLA cost	Director of Finance, with Budget Holder input

9.	Engagement of Agencies / Staff not on the Establishment	
a)	Engagement with new Agencies	Deputy Director and Head of Finance or Director of Finance
b)	Engagement with Locum/Bank Staff (associates of approved agencies)	Deputy Director or Head of Service

10.	Workforce & Pay	
a)	Establishment control	Budget Holder and Head of Finance through Vacancy Control Process
b)	Filling Funded Posts	Budget Holder and Head of Service through Vacancy control process
c)	Appointing staff to post where no budget currently exists	Executive team
d)	Authorising overtime within budget	Budget Holder
e)	Authorising Travel & Subsistence expenses	Budget Holder
f)	Renewal of fixed term contracts	Executive team through the vacancy control process
g)	Redundancy Payments, termination payments and settlement agreements.	Director of Finance and Chief Executive in line with Policies

11.	Maintenance/Operation of Bank Accounts	Director of Finance
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12.	Petty Cash Disbursement	
a)	Expenditure up to £60 per item (and within budget)	Budget Holder

13.	Maintenance and update of Finance Procedures	Director of Finance
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14.	Write-Off of Losses	
a)	Losses of Cash due to Fraud, Theft, Overpayment or other causes	Director of Finance & Chief Executive
b)	Bad Debts	Director of Finance & Chief Executive

15.	Stores Management	
a)	Maintaining stores (excluding drugs) and stocktaking	Budget Holder
b)	Drug Stores	Budget Holder and Head of Medicines Management.

Title: PC24 Reserves Policy principles	Meeting Date: 28 th November 2019	Agenda item no:
Prepared and presented by: Heledd Cooper	Discussed by: PC24 Board	
Link to PC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> <input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive ✓ Well-led 	Resource implications: None	
	Purpose of the report: <ul style="list-style-type: none"> <input type="checkbox"/> Assurance ✓ Decision <input type="checkbox"/> Discussion ✓ Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • Agree the principles that will inform the Reserves Policy. 	

1.0 Purpose

- 1.1 All charities are required to hold a Reserves Policy, therefore although not a charity, it is good practice for PC24 to consider its reserves levels. Board members should know why PC24 holds reserves and consider how much should be held and how to monitor this going forward.

2.0 Background

- 2.1 A review has been undertaken of the organisation's income profile, risks and ability to utilise reserves, which was shared with the Executive team and Finance & Performance Committee for discussion.
- 2.2 The main points to note from these discussions are:
 1. PC24 is not a charity and does not hold the same financial risk profile
 2. PC24 is a contract based organisation, on 5-10 year contracts with little income risk during this contracted period.
 3. PC24 is limited in its ability in its ability to report an in-year loss (due to the utilisation of reserves) as it could be a risk for future procurement exclusion.
 4. Current reserves stand at £1.2m, with a planned surplus of £165k for 2019/20.
 5. PC24 fixed monthly costs are circa £500k, with total monthly expenditure of £1.3m
 6. There is a need to support working capital and ensuring a cash reserve is available. Monthly cash fluctuations has peaked at £500k

Proposed principles:

1. PC24 should hold reserves equal to 3 months of its monthly fixed costs (currently £1.5m total)
2. Reserves should be monitored annually and any in-year use of reserves should be reported
3. A tolerance should be set on the reserves value of a proposed 10%
4. Use of the reserves can only be agreed at Board level.

3.0 Recommendations

That the Board

- approves the proposed Reserves Policy principle, in advance of a final Policy.

Title: Report from Quality & Workforce	Meeting Date: 28 November 2019	Agenda item no: 11.1
Prepared and presented by: Paula Grey	Discussed by: Quality & Workforce Committee	
Link to PC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> ✓ Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • Be assured that the Committee is giving due scrutiny to the information presented to it • Note the main issues from the meeting. 	

1.0 Purpose:

- 1.1 The purpose of this paper is to advise the Board on key matters discussed at the Quality & Workforce Committee meeting held on 20 November 2019.

2.0 Matters for Report:

- 2.1 The Committee noted that work to upgrade Datix had been commissioned.
- 2.2 The Committee noted that four practices (Crosby, Crossways, Maghull and Thornton) would be subject to an annual monitoring phone call to ascertain whether a further inspection visit should be made.
- 2.3 The Committee had reviewed workforce data through a helpful dashboard.
- 2.4 The Committee noted the work underway in respect of IR35.
- 2.5 The Committee was advised that approval had been given for a secondment/temporary post to develop a patient engagement strategy.
- 2.6 The Committee noted the feedback from the recent inclusion work. This was the first phase of an ongoing programme.

2.7 Agreed a process for consideration of a number of policies which had been outsourced but would be ready for review and approval internally. These would be considered by the Policy Group and Executive Team before being sent to NEDs for review. As there would be a significant number of policies, individuals would be invited to focus their time on specific policies so that all had in depth scrutiny from at least one person. It was hoped to hold a brief meeting to approve the policies before the Christmas Lunch.

3.0 Recommendations:

The meeting is invited to:

- Be assured that the Committee is giving due scrutiny to the information presented to it
- Note the main issues from the meeting.

Title: Finance and Performance Committee report	Meeting Date: 28 November 2019	Agenda item no:
Prepared and presented by: Paul Cummins	Discussed by: Finance and Performance Committee	
Link to UC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> ✓ Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • be assured that the Committee is giving due scrutiny to the information presented to it; • note the main issues from the meeting. 	

1.0 Purpose:

- 1.1 The purpose of this paper is to advise the Board on matters discussed at the Finance and Performance Committee meeting held on Wednesday 20 November which the Committee agreed should be brought to the Board's attention.

2.0 Matters for Report

- 2.1 The Committee noted the consistent performance both operationally and financially;
- 2.2 The Committee was updated on the project established to review the IR35 position in relation to those working for PC24 on a non-salaried basis;
- 2.3 The Committee received a presentation on the principles to be used as a basis for developing the organisations reserves policy and commended these to the Board;
- 2.4 The Committee noted that bid writers Health Bid had been appointed and Scott Lingard had been engaged as bid director. Preliminary work was underway.

3.0 Recommendations:

The meeting is invited to:

- be assured that the Committee is giving due scrutiny to the information presented to it;
- note the main issues from the meeting.

Title: Report from Audit Committee	Meeting Date: 28 November 2019	Agenda item no: 11.3
Prepared and presented by: Kathryn Foreman	Discussed by: Audit Committee	
Link to PC24 Values: <ul style="list-style-type: none"> ✓ Providing quality patient services ✓ Being an excellent employer ✓ Working collaboration to achieve positive system change. CQC Domain References <ul style="list-style-type: none"> ✓ Safe ✓ Effective ✓ Caring ✓ Responsive ✓ Well-led 	Resource implications:	
	Purpose of the report: <ul style="list-style-type: none"> ✓ Assurance <input type="checkbox"/> Decision <input type="checkbox"/> Discussion ✓ Noting 	
	Decisions to be taken: The meeting is invited to: <ul style="list-style-type: none"> • Be assured that the Committee is giving due scrutiny to the information presented to it • Note the main issues from the meeting. 	

1.0 Purpose:

- 1.1 The purpose of this paper is to advise the Board on key matters discussed at the Audit Committee meeting held on 7 November 2019.

2.0 Matters for Report:

- 2.1 The Committee meeting began with Counter Fraud training led by MIAA, to which the Executive Team was invited. Training would be rolled out to all staff over the coming months.
- 2.2 The Committee considered the updated Standing Financial Instructions and recommended them to the Board for approval.
- 2.3 The Committee noted progress on the various work streams arising from internal audit reports.
- 2.4 The Committee agreed to engage MIAA as internal audit and thanked Janet Wilcock for her work over recent years.
- 2.5 The Committee agreed the Annual Audit Plan.

3.0 Recommendations:

The meeting is invited to:

- Be assured that the Committee is giving due scrutiny to the information presented to it
- Note the main issues from the meeting.